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ABSTRACT

These two 1996 issues of the journal "Offspring," a publication of the Michigan Council of Cooperative Nursery Schools, cover a variety of topics familiar to nursery school and day care providers and pertinent to the mission of the publication. Articles are short pieces useful to parents, teachers, and others and aim to provide a forum for views on dealing with young children, express a variety of ideas, promote the co-op philosophy, and to enhance relationships with children and each other. The articles are frequently accompanied by classroom activities and activity pages. Articles in these two issues include: (1) "Lighten Up; Love Yourself; Laugh A Lot" (interview with John Bernardo); (2) "Does the Test Pass the Test" (Marianne Russel Kugler); (3) "Learning to Read with Style" (Mary V. Renner); (4) "Artfully Yours" (Jessie Halladay); (5) "Talking about Sex, Babies, and AIDS with Preschoolers" (Mary W. Paonessa); (6) "Sense and Nonsense about Preschool" (David Elkind); (7) "Mental, Emotional, and Physical Effects of Laughter" (Kaye Olson); (8) "Lions, Tigers, and Bears, Oh My!" (Lynn Simons); (9) "Saying 'I Love You'" (Jane Bluestein); and (10) "Surviving the Cold Season" (Susan F. Engert). (SD)

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1996, No. 1

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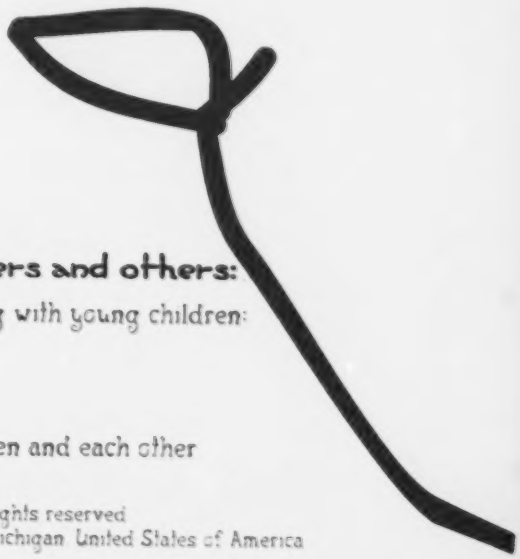

Offspring is written for parents, teachers and others:

- To provide a forum for views on dealing with young children:
- To express a variety of ideas:
- To promote the co-op philosophy:
- To enhance our relationships with children and each other

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In response to reader comments, the editors of *Offspring* present the first issue using an entirely new layout and design. Design students were commissioned from Eastern Michigan University in Ypsilanti, MI, under the direction of **Susan LaPorte**, (M.F.A.). Designers from the Graphic Design area within the Art department who collaborated on this publication include:

Blue
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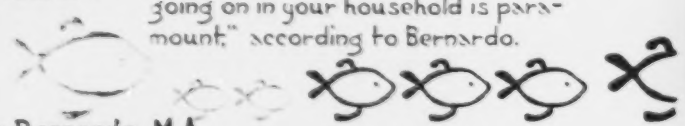
lighten up; love yourself; laugh a lot



an interview with John Bernardo, M.A.

On a snowy January evening in a Northville restaurant the *Offspring* staff was captivated by Bernardo's views on life, love, marriage, connectedness and humor. Lightening Up, The Child Within My Spouse, is the title of his keynote to be delivered Friday evening, April 26 at Conference.

Bernardo, married for 27 years to wife Carol and father of four children, believes he gains most of his insight from his family life. "What is going on in your household is paramount," according to Bernardo.

Give respect; receive respect. Give love; receive love. Be trusting and be trusted. These are messages John Bernardo, MCCN Conference Keynoter wants his audience to remember. He's not referring only to how parents treat their children. First and foremost, Bernardo stresses the importance of spouses treating each other with respect, love and trust. If parents do this, Bernardo says their children will see these types of behaviors happening and then have good role models to follow.

Before we can begin to nurture others, we must remember to love ourselves, have pride in ourselves and take care of ourselves. After we meet our own needs, Bernardo explains, we can then encourage and care for others.

What is your motivation for presenting this new topic?

I really want to get couples to appreciate each other more. I'm not so concerned with how this impacts parenting, that will naturally follow. I want people to appreciate themselves and not be so negative and critical of themselves, then do the same for their spouses. If both nurture and encourage each other then their children will benefit from the positive interactions. Each of us must recognize the talents we bring to the world. I want my message to emphasize loving ourselves, then sharing that love with our spouse, children and others.

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From where have you learned the most and gained the most insight?
I have an extensive library and read books on a variety of subjects. I also try to live my life with my eyes wide open and then profit from these experiences. What you live is what you learn the most from. Studies indicate that you will retain 90% of the events you live and experience. We retain much less from what we read and probably retain far less of what others suggest we should know.

Is there one single characteristic people can have to make parenting more enjoyable?
You absolutely must have a sense of humor to be a parent. Too often, for some, life experiences help to mold attitudes about life that are not only too serious, but counterproductive to our own welfare. Unfortunately, the shock-absorbing benefit of humor is not at the disposal of all people. When life's stresses and strains batter some people, a serious toll is extracted from their self confidence and esteem. Not only does the person suffer, but often the spouse and children suffer as well. If you don't naturally have a sense of humor, then work at it. Work at not taking life so seriously. Watch other people and notice what they laugh at. You may need to rent funny movies and read humorous books. Spend considerable time with those people who have a good sense of humor. This might be difficult initially because they might appear immature or as if they are not taking life seriously enough. Hang in there; apparent immaturity (regression in the service of the ego-humor) can be spiritually refreshing and a much healthier life position. Humor is like a massage for the spirit; it can be very healing.

Humor is like a massage for the spirit: it can be very healing.

In the title of your talk, you refer to "The child within my spouse." What do you mean by this?
We all need to recognize that we have a child within us. It's part of our personality. It's the locus of all our natural feelings. It's what gives us uniqueness and charm. When we are happy, it's the part of us that "feels" the happiest. When we are hurting it's the part of us that "feels" the greatest intensity of the hurt. When pride gets in the way of

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Your goal is to still promote the welfare of your spouse.

understanding and forgiveness, our child within is often orchestrating this. Our child within is also the beneficiary of self-love and the love that we receive from others. When I refer to the child within our spouse ,I don't advocate "parenting" their inner child, but appreciating that part of your spouse.

How do gender differences relate to parenting?
I need to have the same patience with my wife as I need to have with my children. Likewise, she has to have the same patience with me as she has with our children. By gender, we deal with life differently. For example, if there is a problem in a relationship, many men want to fix it as quickly and unemotionally as possible and then forget about it. Many women, on the other hand, want to discuss how they feel about it; how it influences the many areas of their life; if their spouse shares their pain; if their spouse cares that they are in pain; and what their spouse intends to do about it. They may then want to discuss it over and over. Neither approach is wrong, but a preferred way of managing the same interpersonal problem is, in many cases, a difference strongly influenced by gender. My responsibility is to find out why certain things are important to my wife and then learn to deal with her in a way that is need-fulfilling for her. Spouses need to do this for each other. It is then that you become enriched as individuals and as a couple.

Where do single parents come in?
Single parents are some of my heroes and heroines in today's society. It is the most difficult, most demanding, and potentially rewarding position to be in. They need a good support system and good friends; they also need to work on their individuality. Cultivating one's individuality is central to effective parenting whether or not you are a single parent. How we take care of ourselves becomes the foundation of our family. If we don't take loving care of ourselves, it seems unlikely that we can care for others. Both single and married parents often tell me that their calendars are filled each and every month with child, family and friend activities. If there is any "extra" time, they add in activities for themselves. This process seems backwards! It seems more reasonable to begin each new week or month by marking in the times you will care for yourself. The family and friend activities can follow. What this type of planning and living does is to reinforce your self-worth and self-love. It makes it more likely that you will share yourself with others in a more meaningful and loving way. Taking care of yourself becomes a regular reminder of how special we are and also does wonders for our spirit. Many single parents actually pull this off. I know how hard it is to do with a loving and supportive wife. I think that's why I have so much respect for single parents. I don't know if I would do as well as they do. They have climbed the mountain and I only look at it. They make wonderful role models by clearly showing me what is possible.

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Can parents make one big mistake with their kids?
If we look at typical children and typical parents on a day to day basis, there really isn't much we can do to harm them. On the other hand, there is no wonder act that can endear them to us eternally. We have to work at parenting day after day. However, it's important to realize that seemingly smaller and less significant actions repeated over time can do serious harm or immense good for our children. Excessive yelling is one of those smaller negative behaviors that over time can erode both self-esteem and self-confidence. On the other hand, positive feedback, when deserved, can build secure foundations in our children that can last a lifetime.

How can we begin to parent differently and enrich our relationship with our spouse?
Discuss and decide on values for how you want to treat your children. For example, most of us want to give children respect, love, and encouragement. We also want to enjoy each other's company. Our interactions with our spouses should support these values. You'll soon realize that you are treating your spouse in much the same way as you hope to treat your children, if not exactly the same.

But we can't simply treat our spouse the same way as we treat our children. We have "control" over our children, but not our spouse.
Your goal is to promote the welfare of your children by parenting in a way that reflects your values. You want to do the same for your spouse but you do it in different ways. Control or power of the "coercive" variety is highly overrated in both the arenas of effective parenting and being a loving spouse. Too many people believe that to be in control one must threaten, create fear, belittle, yell or put down another in order to communicate that they want to be taken seriously. While coercive power is important, its value is primarily in gaining another's attention. When used to excess, it's a major turn-off, a barrier to cooperation and death to intimacy. "Relational" power, the power of genuine concern, is far more influential. It deepens relationships and motivates others to treat us with the same sensitivity and seriousness shown toward them. When this is clearly understood and practiced, we become a major positive player in influencing the behavior of child and adult alike. Relational power is part of the core necessary to produce intimacy in relationships.

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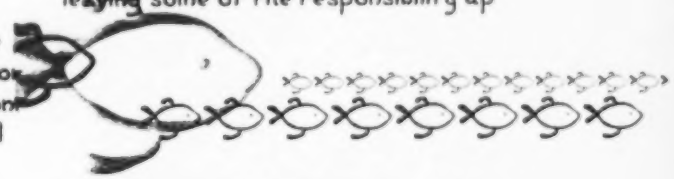
If we are well connected to our spouse, can we then parent better together?
I challenge all parents to watch how you treat your children, then watch how you treat your spouse. See how well those two are in sync. If they are, then it's almost guaranteed you've got good kids and a pretty good relationship with your spouse. There is continuity between having a rewarding relationship with your spouse and being able to parent effectively. I've realized more and more the importance of connectedness.

Could you elaborate on the concept of connectedness?
It means that people are trying to go in the same direction with the same hopes and same aspirations. Imagine we are all on a huge escalator all moving upward. We are all doing different things, but the escalator is definitely taking us in the same direction. The direction is toward greater individual growth, greater awareness of those around us and the awareness of the joys and responsibilities of life. You must open yourselves up to the people around you. Open yourself up to the possibility of being influenced positively by the people around you and also positively influencing those around you.

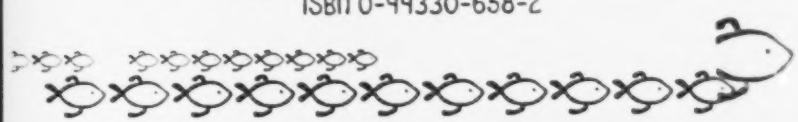
It sounds as though you are referring to mentoring. What role can a mentor play in a child's life?
You don't want to become the architect of their personality, but a facilitator. Who your child will become is as much a mystery to the parent as it is to the child. However, the blueprint for your child's development and uniqueness lies within the child and not within our desires and dreams for them. As such, we must become accomplished observers of our children's behavior and translate what we see into language that will help our children to better understand this blueprint. Thus, reminding them that they love music, have a good sense of humor, struggle with English, need private time, have good friends and so on, helps children immeasurably to understand who they are. It also allows parents to channel their efforts, energy and resources into those areas that are of primary importance to the child. It's important to keep in mind that parents should expose their children to other possibilities the world has to offer. Our own vision and experiences are very important. However, we must not force them to eat it, rather offer it to them like a tray of fruits and allow them to choose what they have a taste for. Unfortunately, schools have taken on the roles that parents and grandparents used to have. We are also leaving some of the responsibility up to day care. If I could have one wish it would be to have had more mentoring figures, in addition to my parents, growing up so I could have avoided many unnecessary mistakes and delays.



John, you've been involved with MCCN for a long time. What are your thoughts on the role that co-ops play in the lives of young children?
Co-ops never praise themselves enough, never beat their own drums. Co-op teachers do one of the best jobs of teaching that you'll find in any range of education. They really know what kids and families need. All of our four children attended cooperative nursery schools.

MCCN invites all of Offspring's readers to attend their annual Conference April 26-27 and hear John Bernardo's humorous insights on parenting and the marriage relationship. For further reading, he recommends the following list of books:

The Celestine Prophecy, An Adventure: James Redfield.
ISBN 1-5704-204-8
The Celestine Prophecy, An Experiential Guide: James Redfield & Carol Adrienne.
* ISBN 0-44667-122-3
Emotionally Free: David Viscott, M.D.
ISBN 0-80923-817-9
Language of Feelings: David Viscott, M.D.
ISBN 1-55927-038-1
How to Live with Another Person: David Viscott, M.D.
ISBN 0-671173-558-6
Stress and Your Child: Dr. Archibald D. Hart.
ISBN 0-84990-926-0
Happiness is a Choice: Barry Neil Kauffman.
ISBN 0-44330-658-2



He and She, Sixty Significant Differences Between Men and Women: Cris Evatt.
ISBN 1-5673-109-X
Opposite Sides of the Bed: Cris Evatt.
ISBN 0-94323-354-2
Men are from Mars, Women are From Venus: John Gray.
ISBN 0-06016-848-X
Stress and the Healthy Family: Delores Curran.
ISBN 0-06104-064-9
Transformed by the Light: Melvin Morse, M.D.
ISBN 0-8041-183-9
Joshua: Joseph F. Girzone.
ISBN 0-02019-890-6
Chicken Soup For the Soul: Jack Canfield.
ISBN 1-55874-381-2
Forgiveness, a Bold Choice For a Peaceful Heart: Robin Casarjian.
ISBN 0-55335-136-9

* If you like the Celestine Prophecy, this is a must.

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does the test pass the test?

Marianne Russell Kugler, Ph.D.

Marianne Russell Kugler, Ph.D., has been the Headmaster of The Village School since 1987, and has been an adjunct professor at the University of Michigan-Flint since 1977. A prolific author on educational topics, Dr. Kugler contributes regularly to the education column "Consider Kids" which appears in the *Flint Journal*.

Next fall more than one million kindergartners will enter Michigan schools. Some of them will be declared "unready" for school. In most cases that declaration will be based on the results of a test. The following two examples of such testing occurred in a small elementary school in California. These examples provide the basis for a discussion of the appropriateness of early childhood tests and of the responses to such testing.

Two students with the same testing results were placed in the junior kindergarten. The program was designed to serve students who had tested "not ready" for regular kindergarten. Although their test scores were similar, Hal and Vicki's test taking styles were very different. When Vicki took the test, she seemed to concentrate very hard on each item, twisting her hair and wiggling in her seat as she worked. The other child, Hal, hurried through the testing, urging the tester to give him the next item right away so he could finish quickly and return to his mom. Within six weeks the teacher was indicating serious reservations about the placements of both students. Close observation in the classroom provided essential information for accurately evaluating the students.

The junior kindergarten teacher determined that Vicki was extraordinarily gifted. For example, she indicated that Vicki was at approximately the fourth grade level as a young five-year-old. She completed every task assigned very carefully and absolutely accurately but, more importantly, if the teacher gave Vicki the opportunity to explore topics with her, Vicki had very mature problem-solving skills and was wonderfully imaginative. A careful review of the testing results indicated that the "low" scores Vicki had received in the testing were the result of her slow verbal responses. She often did not finish items within the time limits.

On the other hand, the teacher discovered that Hal was improperly placed because he had some special needs the testing had not addressed. She was unsure about how to describe his behavior but said several times that he seemed to have some physical problems. He was not as skilled at gross motor activities as she would expect for his age, for example. She asked for additional testing for Hal as well.

The teacher was right on both counts. Vicki was an exceptional child. She sailed through the rest of her school experience and went on to a very demanding college program. All through her school experience she worked carefully and slowly and spoke quietly. Hal was diagnosed with a serious progressive illness and placed in a special program with the support services necessary to help him develop.

If the testing for these youngsters had been one part of a multilevel assessment including parent interviews and observation of the children in a comfortable play setting, the results would certainly have indicated the special strengths and needs of each. As it was, the testing alone misdiagnosed the situation in Vicki's case and did not go far enough to determine Hal's needs. Both sets of parents indicated that they had been uncomfortable with the results but had not had the opportunity to talk with the tester.

These two experiences provide examples of the concerns many educators and parents have about the use of test results for the placement of young students. The assessment of the individual children and their developmental levels may be essential for program planning but such assessments must be used with great caution. Accurate testing requires valid, reliable instruments and "such instruments developed for use with young children are extremely rare. In the absence of valid instruments, testing is not valuable," according to a recent publication of the National Association For the Education of the Young Child (Bredekamp, 1992).

Most states do not require or support such testing but many individual districts do. Parents in these districts often feel trapped. They may not have even known the testing occurred until they are confronted with results indicating their child is "not ready" or "needs to stay out of school a year." In fact the pressure of testing in such cases is so severe that there is even a parental guide on the market for helping prepare a child for preschool and primary grade entrance testing. There is no evidence that such preparation is helpful nor is there evidence that transition kindergartens, pre-first grades, or starting school a year late is helpful academically. In some cases such approaches may be helpful, but in most cases the evidence indicates that the child will progress at an individual rate based on the child's own needs and experiences with or without such placements. Many educators believe the early childhood curriculum should not be test driven but child driven, adjusting to the needs of the children as needs arise (Cenishi, 1992).

If parents find themselves in the situation of reacting to a test result for their child which they feel is not an accurate description of her, steps can be taken to address their concerns. First, parents should ask to meet with the tester. If such a meeting takes place parents need to explore the test used, the testing conditions and other means used to assess the

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child such as teacher or parent check lists, or observational tools. Among the tests most frequently used in Michigan are M-Kids (The Metropolitan Early Childhood Assessment Program) and MAT 7 (The preprimer and primer levels of the Metropolitan Achievement Test). A few districts use SECA (a Survey of Early Childhood Abilities) and there are locally developed tests being used as well. Parents may wish to see the test and the test items. They may also wish to explore whether the test seems to test what it claims to test. Many tests do not. They may want to consider whether the results seem to be a fluke, the result of various conditions, with the patterns not likely to be reproduced by the child if tested again. Many tests designed for the young child would not hold up if this were considered. In many cases this review will answer any questions the parent might have and help the parent understand the placement recommendation. But if any of the three areas (the accuracy of the test; the appropriateness of the testing conditions, and the use of alternative measures) does not meet the parent concerns, several other steps need to be taken.

Parents should meet with the principal to explore other options for placement. Another teacher, another program, or another school might be appropriate options. Many parents are choosing other alternatives as well, such as Montessori schools, other private preschools, or home schooling in the early years.

Once the parents have explored the testing situation and know their placement options, then a more informed decision can be made. Parents should choose the option that fits their child's needs by talking with adults who have worked with their child. The swimming or camp leaders, the Sunday school teacher, the nursery worker, or the library storyteller can help develop a well-rounded picture of the youngster. Parents should also observe their children in other settings and potential classrooms. A classroom where the parents are uncomfortable is likely to be a classroom where the child will also be uncomfortable.

Young children learn best in a situation where they feel safe and loved. They learn best when their developmental needs and interests are included in the planning. Parents need to look for a placement which they feel will adapt to their child, rather than expecting their child to adapt to an inappropriate placement. After all, few adults adapt to inappropriate placements successfully. Young children should never be expected to.

Parents often feel that they may hurt the tester's feelings or insult the teacher or principal if they ask questions. However, such interactions often work the opposite way. Many educators welcome thoughtful questions and parental concerns. If they do not, parents should ask whether the program will be any more flexible than the people in charge and whether such unwillingness to work together with parents may in itself be an indication of an inappropriate placement.

Most parents and most teachers want the very best for each child. Most children want to learn. If parents and teachers can work together with the same good intentions and educational goals, then they can create environments and programs which support and nurture children's optimal academic, as well as social development.

Above all, keep your own anxiety at a minimum. No one experience should be the long-term deciding factor in a young child's life. You should not let this one be anything except an interesting experience which may tell you a little bit more about your child.

GETTING READY FOR THE TEST

When you learn that your young child will be tested, there are several steps that you can take to help make the experience one of fun and challenge rather than fear and failure.

1. Make sure your child has had a good night's rest before the test.
2. Keep foods that seem to cause high activity out of reach for several days before the testing.
3. Visit the testing site informally a few days ahead of time with your child. Play on the playground equipment or walk through the halls so that the area is not completely new to him or her.
4. Give yourselves plenty of time to get ready on the day scheduled for testing. A hurried child is an anxious child.
5. Arrive a few minutes ahead of time.
6. Plan with your youngster a fun activity to do after the testing is over.

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learning to read with style

By Mary V. Renner

Mary V. Renner is employed by the Dexter Community School District as a substitute teacher consultant. She is also working toward a graduate degree as a reading specialist.

Although most of us depend on our sense of sight to give us information, not all of us rely solely on our sense of vision when learning to read. I was first exposed to this concept when my oldest child entered kindergarten. As a preschooler, my son watched "educational" television programs. I read him many books and taught him the alphabet song. However, when he started school he was considered an "immature reader." I continued to read to him and help him to memorize words and to see the difference in words that looked similar, for example "where" and "were." By third grade, he was desperately behind his classmates in reading and did not want to read. Reading was work! Yet, his math skills were advanced; he could take apart our telephone and put it back together. What made reading so difficult for him when he did so well in math?

My revelation began with his third grade teacher. She tested him for learning disabilities and found that he had dyslexia. My son could not rely on what he saw when he "looked" at letters and words because no matter how hard he looked at the word or letter, what he saw was very different from what another student without dyslexia saw. I had done everything possible for a child who relied on vision as his main learning approach, but my son was a tactile learner. He needed to feel the shape of a letter and hear the sound as well as see it. He needed concrete input from his other senses. Unfortunately, I had not been trained to recognize that my son needed an alternative approach to reading.

It was not until I returned to college, to earn my teaching degree, that I discovered the VAKT theory of instruction. VAKT refers to the Visual (sight), Audio (hearing), Kinesthetic (emotions), and Tactile (touch) styles of learning. Often, reading instruction is based on visual input, as in sight word training, and audio input as in phonics. Some tactile techniques are used when words are written.

I believe reading instruction that adapts to the learning styles of the student will result in a greater possibility of a teacher finding that special approach to reach the student. Based on the VAKT theory of learning I created a program designed for students who were having difficulty in pre-reading or reading skills. I developed this workshop as a summer educational offering through my local school district's community education program.

The workshop included children from preschool age to third grade and met twice weekly for hourly sessions for nine weeks. Each one hour period was divided into fifteen

What made reading so difficult for him when he did so well in math?

minute learning capsules. The first station of the workshop was spent in group instruction using phonics. Students used their tactile skills to write along with the instructor. The instructor demonstrated on the chalkboard how to write a letter, then verbalized the sound of the letter. Finally, the lesson was completed by demonstrating how to blend the sounds into a word. The next step was to give that word meaning.

After the first station was completed, the students could choose which station they went to next. The student could direct his or her own instruction using the curriculum targeted for that day. Each child could learn in his or her own way; moreover, they could practice activities geared to strengthen their weaker skills. Each station earned the student points toward the purchase of a prize at the conclusion of the workshop.

One of the students' favorite exercises was creating written stories. Each student dictated one self-created sentence to be combined into a story which the instructor printed on the chalkboard. Then the students copied the story and illustrated it. This added a kinesthetic value to the lesson by giving them ownership of the language. The words in the story are personalized for the students. This kind of story can be read to younger siblings, grandparents and parents.

The computer station was set up for reading instruction based on visual and audio input. Computer programs appealed to kinesthetic learners as well. Bailey's Book House and Reader Rabbit are two excellent software programs available on CD ROM which I use for their ability to vary and increase the level of instruction. In addition, the colors, spatial relationships, and animation are visually entertaining and informative. For example, in Bailey's Book House, Elmo, the clown, and his dog, Houdini, demonstrate spatial sight word meaning by displaying a list of words such as **in, out, under,** or **above.** When a student chooses the word **under**, Elmo tells the dog to go **under** the dog house. The dog then digs **under** the dog house to find a bone and the word **under** is highlighted. The students loved to reverse the program and make the dog tell Elmo to go **under** the dog house. Laughing and learning are a great kinesthetic combination.

The students enjoyed using these software programs which satisfied the kinesthetic area of learning. Kinesthetic refers to the way a student feels ab

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He needed to feel the shape of a letter and hear the sound as well as see it.

the lesson. Was it enjoyable? Did he or she feel successful when using the program? Will they want to use it next time without having to be coaxed or forced? When a student enjoys learning and is self-motivated, magic happens. The instructor does not have to give outside incentives because the satisfaction comes from within. The student can say, "I learned this for myself!"

The remaining stations were designed mainly for the tactile learner. These stations included wooden puzzles with sight word cards that had a picture depicting the meaning of the word and the word itself. The students would place the letters in a stand to feel how the letters form and flow from left to right. Then, the student orally read the word while writing it five times to reinforce memorization. Another station was designed to assist students learning to print the alphabet. An alphabet written in raised colored glue with red dots to give direction helped the tactile learners to feel the letters. Students were instructed to place their index finger on the red dot to begin the letter and follow the glue ridge to complete the letter. The student would then print the letter five times.

The summer workshop was designed not only for the students but for the parents as well. I enlisted parental participation and support by having them complete a modality assessment checklist. I wanted to know what observations they had made concerning their child's learning style. For my tactile learners I sent home the colored glue alphabets so that the parents could practice feeling the letters with their child. I recommended specific computer software programs to the parents of my visual and audio learners. Throughout the nine-week period I asked the parents to record the books that their child had read or listened to at home. We had a mini library in the classroom, and the children could borrow books to take home after each day of class. At the end of the workshop I also completed written assessments for each student based on my observations in the classroom.

On the last day of the workshop parents were invited to visit. The students escorted their guests through the work stations to demonstrate their accomplishments. This was an enjoyable experience for all, a "kinesthetic" feast of pride and congratulations from the parents. Parents are often surprised at the skills their children have mastered on their own in such a short time period. The students' feeling of success was enhanced when the Prize Store opened and each student exchanged points they had earned in the work stations for a prize of their choice.

In designing this experimental workshop I had hoped not only to help students improve their reading skills but to help them and their parents develop a greater understanding of how they learn. As parents discover their child's learning style and then apply appropriate learning techniques they will be preparing their child for a lifetime of positive learning experiences. When students rely on their own learning style they will succeed in the classroom, grow in self-esteem and most likely develop a love for learning.

Computer Software Programs For Preschoolers

There are many products on the market. If you know someone who has a program you think your child may be interested in, ask to borrow it and try it before buying it. I often buy through catalogues to get the best price. When purchasing educational software look for these features. Many programs offer three levels of difficulty. This means that a two-year-old can enjoy moving the mouse (with mom or dad's help), hearing the sounds and watching the screen. And the older children in the family will be able to interact with the software at a level that fits them, too. Some programs chart the child's progress and will not allow the child to move ahead to the next level until ready. For those of you who fear your preschoolers may be more proficient with your personal computer than you are, don't worry; Edmark even has a tutorial designed especially for parents. The following programs are produced by Edmark except Reader Rabbit which is from the Learning Company.

Bailey's Book House: Designed for ages 2-5. Reading skills are not required as kids explore sounds, meanings of letters, words, sentences, rhymes and stories.

Millie's Math House: Children ages 2-5 can explore numbers, shapes, sizes, patterns, and addition and subtraction activities.

Reader Rabbit: Level One in this series is the best one for preschoolers. Over 100 phonics and word lessons are included in this interactive journey.

Sammy's Science House: Skills such as sequencing, observing and constructing are developed in 3-6 year olds. Children love manipulating the animals and seasons in the ecosystem.

Trudy's Time and Place House: Mapping and directional skills are emphasized. This program teaches time and geography for preschoolers to elementary age children.

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Each child could learn in his or her own way

Which style of information processing does each child use? Below is a learning technique (modality) checklist courtesy of the Washtenaw Intermediate School District.

MODALITY ASSESSMENT CHECKLIST

Learner Name_____ Date_____

Successful instructional planning will depend on knowing what modality a learner uses when processing information. A high number of checks in one of the following categories will assess whether a learner uses the visual, auditory, or tactile approach to process information.

Check all that apply:

I. VISUAL LEARNER

1. Apparent enjoyment of books/ magazines/pictures.
2. Places/replaces objects appropriately by location.
3. Able to find/locate objects easily.
4. Remembers where things are, where others put objects.
5. Able to locate correct page in book quickly.
6. Notices and remembers details.
7. Appears to enjoy puzzles.
8. Has a good sight word vocabulary.
9. Follows gestures of others.

II. AUDITORY LEARNER

1. Talks/mutters to self frequently.
2. Reads out loud.
3. Able to remember words/tunes to songs/jingles.
4. Able to say particulars of address, phone number, etc.
5. Has a rich speaking vocabulary.
6. Able to play with words, rhyming words, etc.
7. Appears to enjoy records, rhythms, listening to things.
8. Able to listen to and retell jokes, poems, stories well.
9. Able to recite jingles, commercials word for word.
10. Follows verbal directions well.
11. Responds to any verbal direction/ prompt.
12. Has good word attack skills.
13. Responds/learns from a phonetic reading program.

III. TACTILE/KINESTHETIC LEARNER

1. Uses hand gestures when communicating.
2. Uses exaggerated facial expressions when talking.
3. Able to take apart and reassemble things quickly.
4. Appears to enjoy using clay.
5. Appears to enjoy play in water, sand, etc.
6. Prefers to play with moving objects.
7. Prefers objects that can be manipulated.
8. Exercises/plays on monkey bars, parallel bars, etc.
9. Feels/touches things in immediate vicinity.

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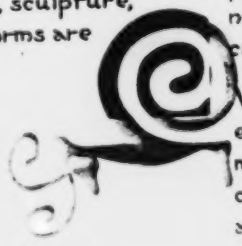
artfully yours

by Jessie Halladay

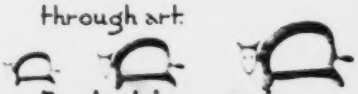
Jessie Halladay volunteered at the Ann Arbor Art Association while a student at the University of Michigan. Since her graduation she has been working for the University Musical Society as the Advertising and Publicity Coordinator.

Glue puddles, watercolors, crayons, construction paper scraps, music, all these things can be an essential part of a child's development. As a child learns to communicate verbally, it is important for that child to develop his or her communication through nonverbal mediums. Painting, sculpture, dance, music, and other art forms are examples of these mediums.



It is natural for children to respond to color, shapes, sounds and movements before they become fluent in verbal communication symbols. Although adults may not readily understand the meaning of a child's art piece, it is quite clear to the child, who will often be pleased to share the meaning behind the piece. By encouraging artistic expression at an early age, parents will foster a nonverbal communication option.

Visual art expression opens many doors for a child who is learning about his or her own development. Creating is more than just putting paint to paper; it is also an educational tool. Through art, a child will learn that there is always more than one way to do something. No view of the world is shared by everyone and children will learn to reflect that in their work. Children will learn to react to how they perceive the world as they record their own thoughts, dreams and observations through art.



By studying a variety of art forms, like painting, sculpture, and drawing, children will begin to illustrate their ideas and emotions in a variety of ways. The use of varying materials and equipment allows a child to come up with new ways to express herself, which will translate into her verbal communication as she goes on to explain the art work. Art also

inspires innovative problem solving and creative thinking, which encourages children to look for solutions in ways they might not otherwise consider. As these children begin to master various art techniques, they gain confidence and the amount of fun they have increases.

Preschoolers should not be expected to complete all projects. They gain enjoyment and mastery simply through the process of creating. In their minds, the final product is not always important. An older child however, can be challenged to work from start to finish. As a child creates projects he will be proud of, he will learn how to demonstrate patience and make choices.

Art allows children to catch on to details that may ordinarily be obscure. This is because of the unusual way in which art reveals information. Additionally, art exposes children to beauty in the world. Through the study of the art of different cultures, children begin to better understand and accept different cultures and civilizations.

Introducing your child to these different cultural art forms can be as easy as checking a book out of the library. Ask your child to point out details that he sees in whatever piece you are viewing. And you can come up with your own versions of these traditional art forms. A child may make a Chimu of Peru Animal Cup, but instead of using silver or gold, they would use paper cups and construction paper. All it takes to teach children this type of artistic appreciation is a bit of imagination and creativity.

Parents and teachers can be key players in a child's artistic development and help him reap the educational rewards described above. The more you become an active participant in fostering a child's creative development, the more important she will believe it is. This, however, does not mean micro-managing how a child creates, but rather setting up an environment where she can work independently. Children need to feel uninhibited when it comes to creating. A child needs to understand that there is really no right or wrong way to do a project. You may want to

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give them instruction in specific techniques but children should feel free to explore different methods as well.

Try setting up an art work space in your home that is complete with materials and ideas for projects. This should be a space that could get a bit messy; then the child will also learn how to take responsibility for cleaning up. Projects should be designed so they do not have to be done in a particular way. Children need to be able to express themselves without feeling that they should impress others.

Working on pro-jects together is a great way to spend time with your child. Children also love to see their parents making their own projects. Try displaying the art in a family art gallery in your home. You can also get involved in your child's artistic development outside the home as well. Find out what he is doing at school and support it. Many schools need volunteers to come in and do various projects with the children, make presentations about art techniques and artists or accompany children on field trips.

When you take your children to art museums, they are able to gain exposure to many types of art forms. Guided tours are a great way to educate older children about the history of specific art pieces and their artists. Visit museums while traveling as well. Encourage a child's creativity by finding out if he is interested in taking art classes after school or on weekends. Classes are offered in many different media for children of all ages and some often encourage parents and children to come together.

No special talent or skill level is needed to enjoy art. Activities can be as inexpensive as transforming an old sock into the leading character of a puppet show or creating one of a kind illustrations using a finger print for a special story. To children, only the positive experience of having created their own unique masterpieces will be remembered for years to come.

Many books are available that may be helpful in learning more about art and children. Check your public library or local bookstore for availability.

art activities

Age 3 - Adults
Doing Art Together: Muriel Silberstein-Storfer. ISBN 0-671-24109-5

Age 3 - Adults
Art For the Family: Victor D Amico. 1954, Museum of Modern Art; New York.

Age 3 - 9
Kids Create: Laurie Carson. ISBN 0-913589-51-9

Age 3 - Adults
Drawing with children: Mona Brookes. ISBN 0-87477-396-2

Age 3 - 12
Teach your Child to Draw: Mia Johnson. ISBN 0-929923-25-1

Age 5 - Adults
A Fish That's a Box: M. M. Esterman. ISBN 0-915556-24-9

Age 6 - 12
Art From Many Hands: Jo Miles Schuman. ISBN 0-67192-150-2

Age 7 - 14
Adventures in Art: Susan Milord. ISBN 0-913589-54-3

Age 7 +
The Metropolitan Museum of Art Activity Book: Gsa Brown. ISBN 0-67099-4824

Age 12 - Adults
The Creative Artist: Nita Leland. ISBN 0-89134-325-3

development stages

Childrens Art, by Miriam Linstrom. ISBN 0-520-00752-2

Art of the Young Child, by Jane Cooper Bland. 01968, Museum of Modern Art; New York.

Art For Exceptional Children, by Donald Uhlin and Edith Chiara. ISBN 0-697-03302-3

Information for this article came primarily from a brochure produced by the education department of the Ann Arbor Art Association.

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activity page

andro needs a buddy and your child can help

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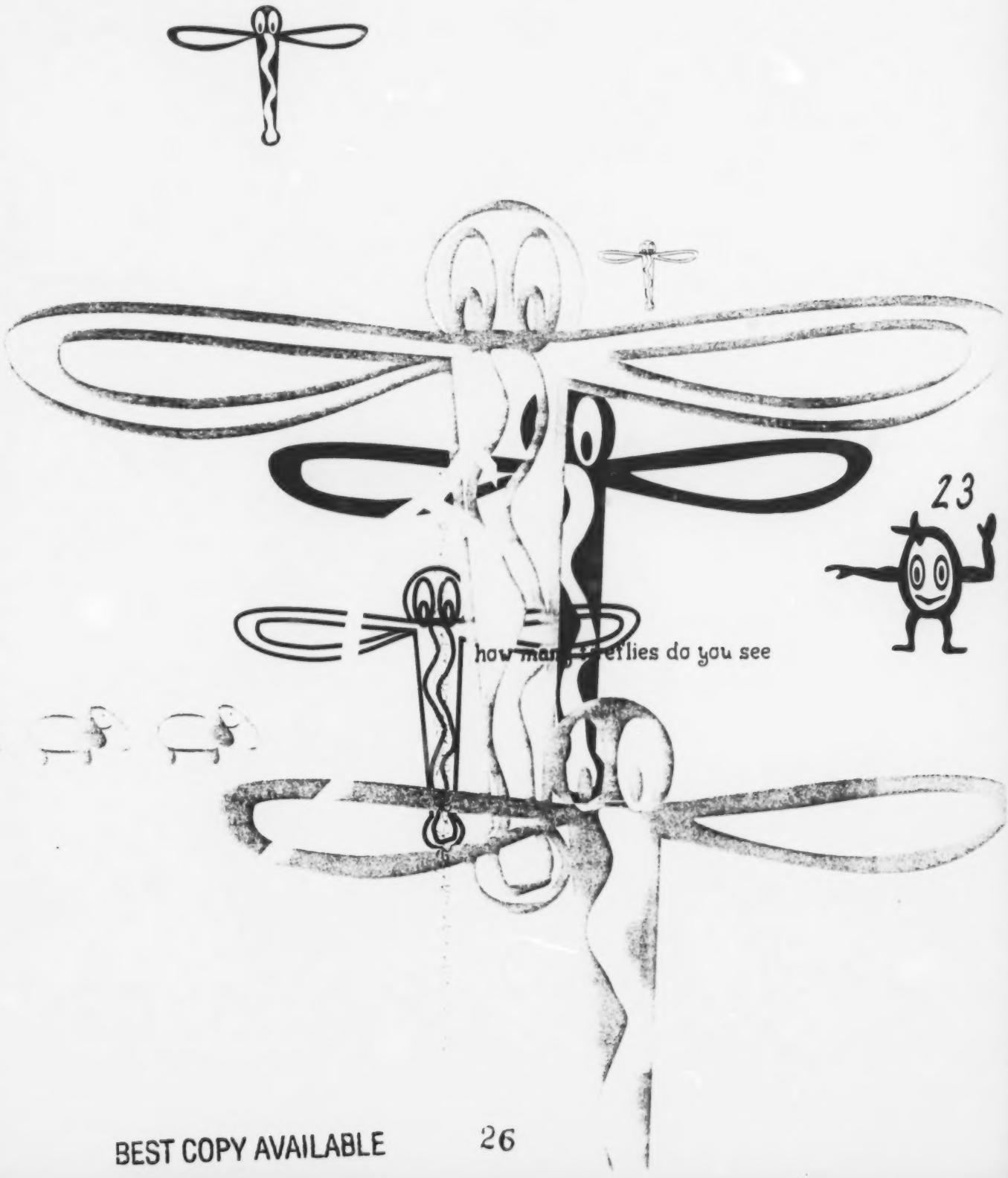

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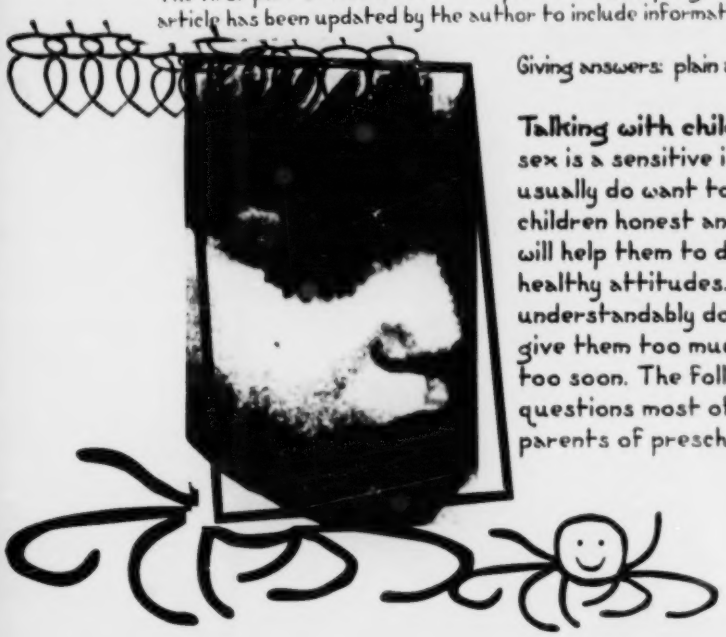
Mary W. Paonessa, Ed.D.,

Dr. Paonessa has taught in the Health Education Department of Wayne State University for the last ten years. She has been a consultant and lecturer in sex education for over thirty years.

24 talking about sex, babies, and AIDS with preschoolers

The first part of this article is a reprint from OFFspring 1983 No. 1. The article has been updated by the author to include information about AIDS.



Giving answers: plain and simple

Talking with children about sex is a sensitive issue. Parents usually do want to give their children honest answers which will help them to develop healthy attitudes. Yet, they understandably do not wish to give them too much information too soon. The following are questions most often asked by parents of preschool children.

At what age should sex education begin?

Children usually start to ask questions about reproduction at the age of four or five. But sex education actually begins long before that. It begins in infancy when parents hold and cuddle and feed a baby. The skin is the largest organ of the body and it is also the most important sex organ. The sense of touch must be nurtured from the very beginning of a child's life if he is to grow into a healthy, happy sexual being.

My two year old touches himself. What should I do?

All children, both boys and girls, explore every part of their bodies. They investigate their hands, their feet, their knees and their genitals. While taking a bath or being dressed, a boy may touch and look at his penis, or a girl her vagina. The parent should simply say, "That is your penis," or "That is your vagina." Parents should not use euphemisms like ding-dong or down there. They should use understandable adult words for the genitals and for going to the bathroom.

But what if he is not just curious, he is really playing with himself?

Most small children have some rhythmic way of putting themselves to sleep. Some suck their thumbs, some rub a favorite blanket, some bang their heads against the headboard and some masturbate. None of these activities are harmful, and parents should not interfere with them. In a few cases thumb sucking may cause crooked

teeth, but that is preferable to the harm that can be done by tying up hands, etc. Masturbation cannot really cause any harm at all, especially if it is only done at night.

As children get to be a little older (four or five), it is acceptable for parents to discourage children from masturbating during the day in front of other people. However, parents should use gentle, neutral statements, like, "If you want to do that, go in your bedroom and close the door," or "It is not polite to do that in front of other people." The child should not be made to feel that masturbation is a wicked or abnormal thing. It is not. To say that it is not polite is a very neutral sounding expression. Also it is actually closer to the truth. In most cases, the parent's major objection to masturbation is simply that it is embarrassing.

What if I discover a little boy and little girl engaged in some kind of sex play? How should I react?

All children have a curiosity about the bodies of the opposite sex. Children who have brothers and sisters usually take baths together, get dressed together, etc. They grow up knowing the difference between boys and girls. If a child does not have a brother or sister of the opposite sex, parents should try to give the child other opportunities. Visit someone with a baby of the opposite sex and let the child help at bathtime. When children under five visit in each other's homes it is useful to allow them to talk with each other while they are using the toilet. Nursery schools also usually have an open door policy on bathrooms and that is helpful.

In spite of these efforts some children will still have enough curiosity left that they wish to touch and investigate other children's genitals. They

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often call this, "playing doctor." The parent has a two-fold responsibility here. The parent does need to discourage genital play between children. At the same time, ways need to be found to satisfy the child's curiosity. The parents can say, "I do not want you to play that way. Your vagina (or your penis) is a private part of your body. Do not let other people touch it." This is information that the child needs as protection in case an older person should ever try to take advantage of him. On the other hand, if is a kindness to acknowledge that the child's curiosity was normal. You might say, "I guess you just wanted to know what a little girl's vagina looks like. We can get some books from the library that show you the difference between girls and boys."

There are many books in libraries and bookstores that explain reproduction to children. In this case, choose one that has especially good pictures of male and female genitalia. Keep your promise to get such a book quickly. If possible try to get the book on the same day that you talked about it. Small children feel "put off" very quickly.

How do I answer when my child begins asking about babies?

There are three basic questions that children ask about reproduction. 1. Where do babies come from? 2. How do they get out? and 3. How do they get in? You do not need to answer all three questions at once. Just answer them one at a time as they come along.

How should I answer the first question, "Where do babies come from?"

The first question is easy to answer. Simply say, "Babies grow inside the mother, in a special place called the uterus." A mother can show with her hand where the uterus is. Avoid using the word "stomach." Babies do not really grow in the mother's stomach.

There is no minimum age for answering this question. If the child asks at the age of three or four, answer him. But realize that you may have to repeat the answer when he is five or six. If the child has not asked the first question by kindergarten, parents should bring it up, because other children will be talking about it.

How do I answer the second question? What do I say when my child asks how the baby gets out?

This is an example of how you can answer. It is appropriate for a four or five year old. "There is a special opening between the mother's legs. It is called the vagina. When the baby is ready to be born, the opening stretches to let the baby out."

The first two questions seem easy enough. It is the third question I worry about. What should I say if he asks how the baby gets in? I think he is too young for this answer.

If a child is too young for a particular answer, he will not ask the question. In fact, most nursery age children do not ask how the baby gets in. It is a more typical question for a seven or eight year old. (If the child does not ask by the time he is eight, the parent should bring up the question.)

The first time a four or five year old asks how the baby gets in, the parent might respond by saying, The father plants a seed inside the mother to make the baby grow.

However, if the child persists and asks, But how does the Daddy plant the seed?; parents should give an honest answer. Sometimes when a mother and father are holding each other very close and loving each other very much, the father's penis can fit inside the mother's vagina. If a seed goes from the father's body to the mother's body and meets an egg, a baby will start to grow.

However, there are some four or five year olds who do ask how the baby gets in. If a child has asked the question on his own, then he deserves an answer, no matter how young he is. However, at this age it would be wise for the parent to answer in stages so that he will only give the child as much information as he really wants.

The child may or may not be able to understand this at such a young age. The answer can not harm him. It will need to be repeated when he is older. Most important is the atmosphere in your home. If love and respect are the predominant feelings between all the members of your family, then the child will grow up seeing sexuality in the light of that love and respect.

Explaining AIDS

Many parents wonder what they should tell their children about AIDS. It is a topic that is on everyone's mind, and yet is so complex that it is difficult to think of answers that are simple enough for 4 and 5 year old children.

It might be helpful to divide your thoughts into two categories: 1. questions the child might ask and 2. information your child needs.

The Child's Questions

In the first category are questions your 4 or 5 year old child might ask. Since they are frequently exposed to the word, your child could very well ask, "What is AIDS?" The Centers For Disease Control has proposed a simple but truthful answer. They say:

AIDS is a disease that is causing some adults to get very sick, but it does not usually affect children.

You cannot get it just by being near or touching someone who has it.

Scientists all over the world are working hard to find a cure.

The second question that children are likely to ask is, "How do people get it?" Since most 4 or 5 year old children do not know about sexual intercourse or other intimate sexual acts, you need to phrase your answer to fit the child's level of understanding. You might say,

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"The germ that causes the disease comes from the blood or other fluids of persons who have the disease."

This sort of answer leads naturally into topics that you may wish to share with your child, even though he or she has not asked. Of course, in the future, your children will need to know a great deal more about AIDS. But before they can understand, they will need to learn basic facts about reproduction and sexuality. In the ages from four to nine, you should teach your child the basic biological facts about reproduction.

What the Child Needs To Know

Children need to know how to protect themselves. They need to know simple safety precautions. From time to time remind your child of the following ideas:

1. Germs can cause many different kinds of diseases, not just AIDS.
2. Keep germs out of your body. Some of them can make you sick.
3. Do not touch anybody's blood. If a friend gets hurt ask a grownup to help.
4. If you get a cut, wash it and cover it with a bandage. Bandages help keep germs out of your body.
5. Wash your hands often with soap and water. Soap kills most germs.
6. If you see anything sharp, like a needle that gives shots, do not touch it. It could have germs on it. The doctor keeps his needles very clean.

Explaining AIDS To The Older Child

Once the child understands some of the basic facts about sexual intercourse, pregnancy and childbirth, he is ready to know more about how AIDS is transmitted and how it may be prevented.

During the elementary school years, any or all of the following information is appropriate for the child to know.

The letters AIDS stands for Acquired Immunodeficiency Syndrome. It is a disease which attacks the immune system.

The letters HIV stand for Human Immunodeficiency Virus. It is the name of the virus that causes AIDS.

The virus can be transmitted from an infected person to someone else by

1.) sexual contact
2.) by sharing needles
3.) from an infected mother to her baby at the time of birth.

People who have the HIV in their blood may not look or feel sick, but they can transmit the virus to others.

The only sure way to avoid infection from HIV is to abstain from all risk behaviors, such as sexual activities, IV drug use, or sharing of needles for any reason.

The important things for parents to try to remember are to build slowly from year to year and to keep the avenues of communication open by always letting your children feel they can ask you anything and you will always try to answer.

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- To provide a forum for views on dealing with young children:
- To express a variety of ideas:
- To promote the co-op philosophy:
- To enhance our relationships with children and each other.

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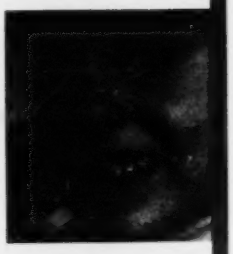

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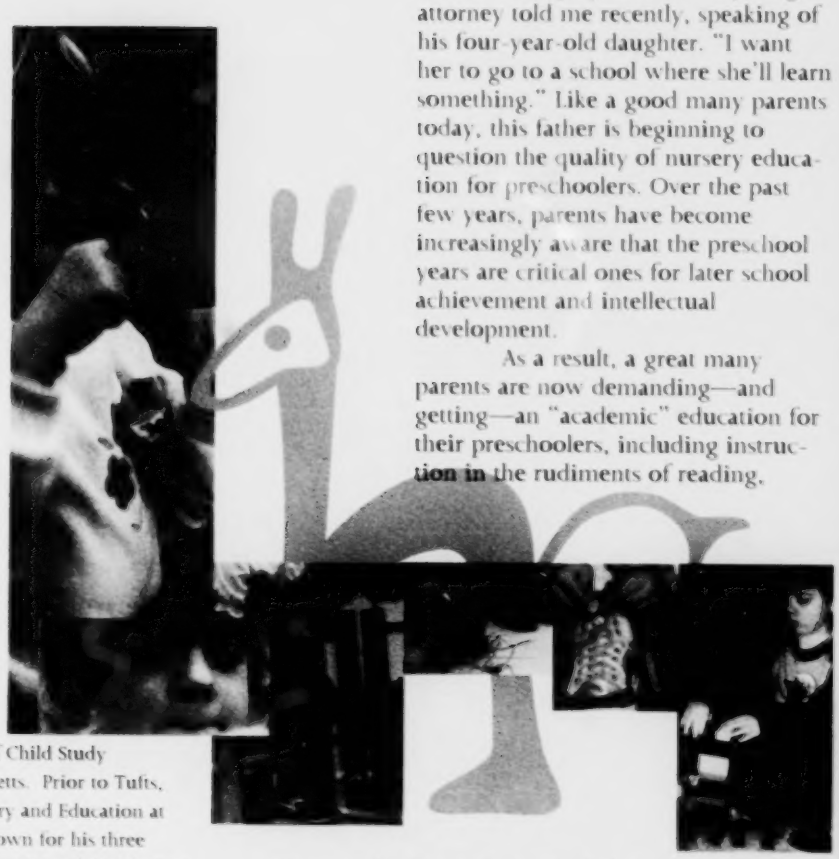
sense and nonsense about preschool

David Elkind, Ph.D.



"I don't want to send Susan to one of those play schools," a young attorney told me recently, speaking of his four-year-old daughter. "I want her to go to a school where she'll learn something." Like a good many parents today, this father is beginning to question the quality of nursery education for preschoolers. Over the past few years, parents have become increasingly aware that the preschool years are critical ones for later school achievement and intellectual development.

As a result, a great many parents are now demanding—and getting—an "academic" education for their preschoolers, including instruction in the rudiments of reading, writing, and arithmetic. As the father of two preschool aged boys, I share the current concern about providing young children with the best possible preschool experience. As a child psychologist and educator, however, I am troubled by the attacks on the traditional, less academically oriented play school for young children. Likewise, I am more than a little concerned about the negative effects that I think, the new academic preschool may have on the children who attend them. In their over-emphasis on intellectual stimulation, the academic preschools fail to encourage children's emotional and social development. This is most unfortunate, I think, since a child can make the best of his intellectual ability only if he is well developed emotionally and socially.

This article was originally written in 1971 when play-based preschools were growing. The issues presented here, however, are still important considerations for the parents of young children in 1996.

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Perhaps because the nursery school was long regarded as a luxury, many people have come to think of these traditional schools as little more than expensive playgrounds where nothing of educational value is likely to be accomplished. But this view is just not correct. The traditional preschool is designed to nourish the physical, intellectual, emotional, and social growth of children. Individualized instruction, learning by discovery, allowing the student to follow his interests, which are just now beginning to be used in the elementary and secondary schools, have always been part of a good preschool: the kind of schools I call growth schools, to distinguish them from academic preschools.

The advantages of a growth school may be summed up in one statement: this kind of school is geared to the child's rhythm of development. Preschool youngsters are in a transitional period between the almost total dependence of babyhood and the relative independence of childhood. The theme, so to speak, of the growth school's activities is "continuity with the past, preparation for the future." How does this work to help children make the transition from the helplessness of infancy to the relative independence of childhood?

Play is a vital part of the activities in a growth preschool. Children are encouraged to squish about with finger paints and with clay, even to get sopping wet at the sink. For young children, this kind of play provides a link with their past, when dabbing in mud and water was a favorite pastime. At the same time, the youngsters are given the chance to play in ways that teach them something about growing up and what their future roles may be. I recall one four-year-old girl playing mother to another little girl who had done something "bad." The first child threatened, "I'm so angry I'll - I'll - I'll explain it to you!" An amusing episode, and a fine testimony to the disciplinary methods of the girl's mother.

The principle of continuity with the past and preparation for the future is reflected in the facilities provided by growth preschools. Equipment for large muscle activities: jungle gyms, slides, big wooden blocks—hearken back to the child's past when he was acquiring large muscle skills. At the same time, the growth

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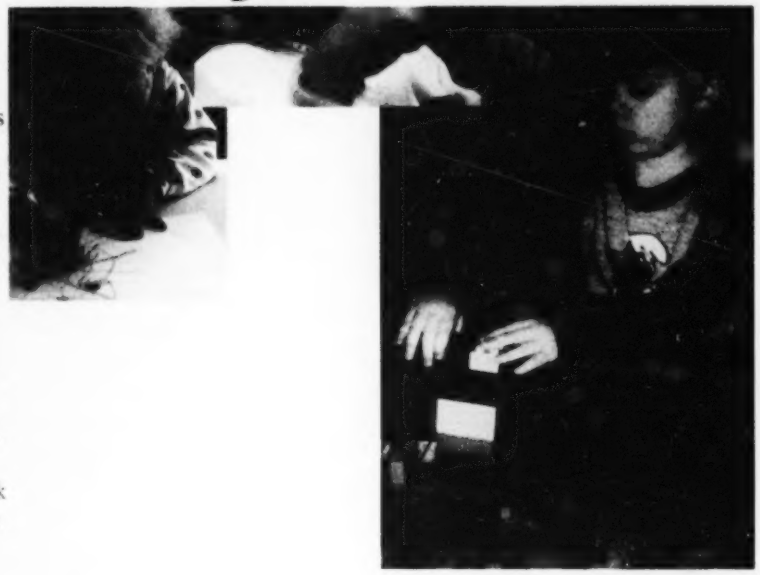

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preschool teacher must be ready to scoop up the weary youngster who tells her, "I need a lap." But the teacher must also be ready to let the child go a few minutes later when he decides to leave the lap and join his friends. At times the teacher needs to be authoritative and to require relatively independent behavior from the children. When it comes to getting on coats, for example, the teacher should expect the children to do this for themselves. She rarely does for a child what he is capable of doing for himself.

Good teachers also recognize that preschool children are less able to control their emotions than school-aged youngsters. They get angry quickly and are likely to express their anger in physical action. One boy who was upset by the presence of a baby brother in his house needed only the slightest provocation to bite through the sleeve of his friend's jacket. With most young children, fortunately, anger abates as rapidly as it develops and preschool youngsters rarely bear a grudge for long. But the emotional instability of preschool children makes them out of sorts and may set the whole group on edge. Good teachers in growth preschools must possess special skills in dealing with children who sometimes lose control.

"It is so my turn because I want it to be!"

preschool also prepares the child for the future by having playthings that require fine motor coordination. Beads for stringing, puzzles, button boards, snap blocks, plastic nuts and bolts, all encourage children to learn skills they'll need for tying shoes, for holding a pencil, and so on. In most cases, children know better than anyone else how much and what kind of muscle practice they need, and good teachers let them follow their own inclinations in such matters.

Growth preschools also provide the comforts and reassurances that young children need, while offering them the opportunity to mature socially and emotionally. The

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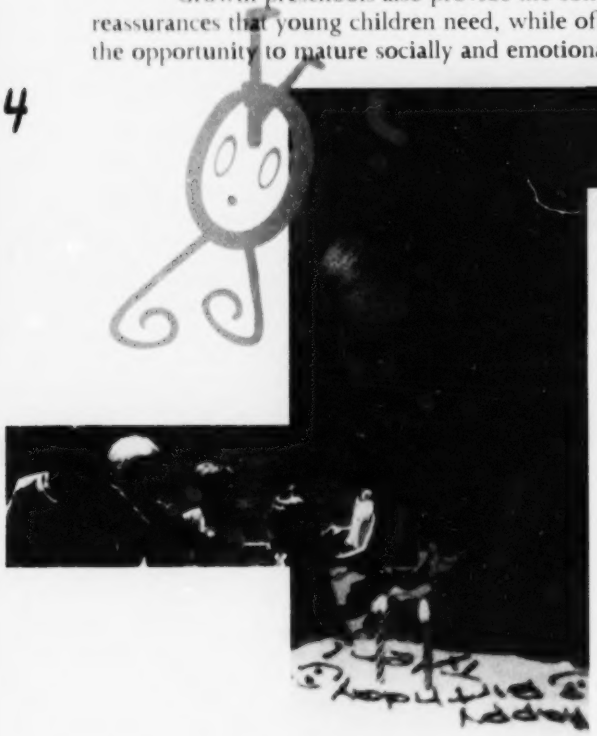

In social activities, too, the growth preschool strives for continuity between the children's past and their future. Young children need some time to play by themselves in their own way, and the growth preschool gives youngsters the chance to select the toys they want to play with, whether these be from boards, puzzles, trucks, or dolls. At some time during each day, however the teacher brings the children together for group activities such as story time, show-and-tell and snacks.

When there are teacher aides in the preschool, the class can be broken up into smaller groups for projects like learning to play a zither or finding out what kinds of things float and what kinds do not. Children vary tremendously in their readiness for group interaction. The preschool teacher must use all of her skill and intuition to guide the shy child into social activities, being careful not to push him faster than he is able to go.

In helping preschool children develop socially, the teacher needs to be aware of young children's self-centeredness—their inability to imagine themselves in

someone else's position. This quality may have a certain charm, as when a child says, "My tooth hurts, can't you feel it?" But it is also frequently the cause of disputes and quarrels. Because the preschool child cannot take his friend's point of view, he can't understand the other child's wish to play with the fire engine when he wants it. Nor can he really understand the concept of taking turns. I remember vividly a boy of four, who, when told it was not his turn on the slide, replied, "It is so my turn because I want it to be!"

This self-centeredness is partly caused by the child's failure to distinguish clearly between himself and his possessions. A young child still regards his toys as part of himself, and when another child takes his toy, he reacts as if some part of himself had been taken away. The teacher of preschool children, like the parent of children this age, must be careful to distinguish between self-centered behavior caused by immaturity and intentionally malicious actions.

The emphasis on play in a good growth preschool doesn't mean that the child's intellectual needs are being neglected. A good growth preschool provides plenty of intellectual stimulation in a great many of its activities. When children make ice cream or peanut butter or soup, for example, they learn many facts and concepts in an enjoyable way. While making soup, they learn the names of vegetables, how various plants grow, the colors of the ingredients, and the differences between things that are raw and things that are cooked. They also learn something about measuring, counting, and adding. Those who criticize the growth preschool for being intellectually sterile should consider how much and how aggressively children learn through such activities.

"Oh, Mommy, what can I do when the fight just crawls out of me?"

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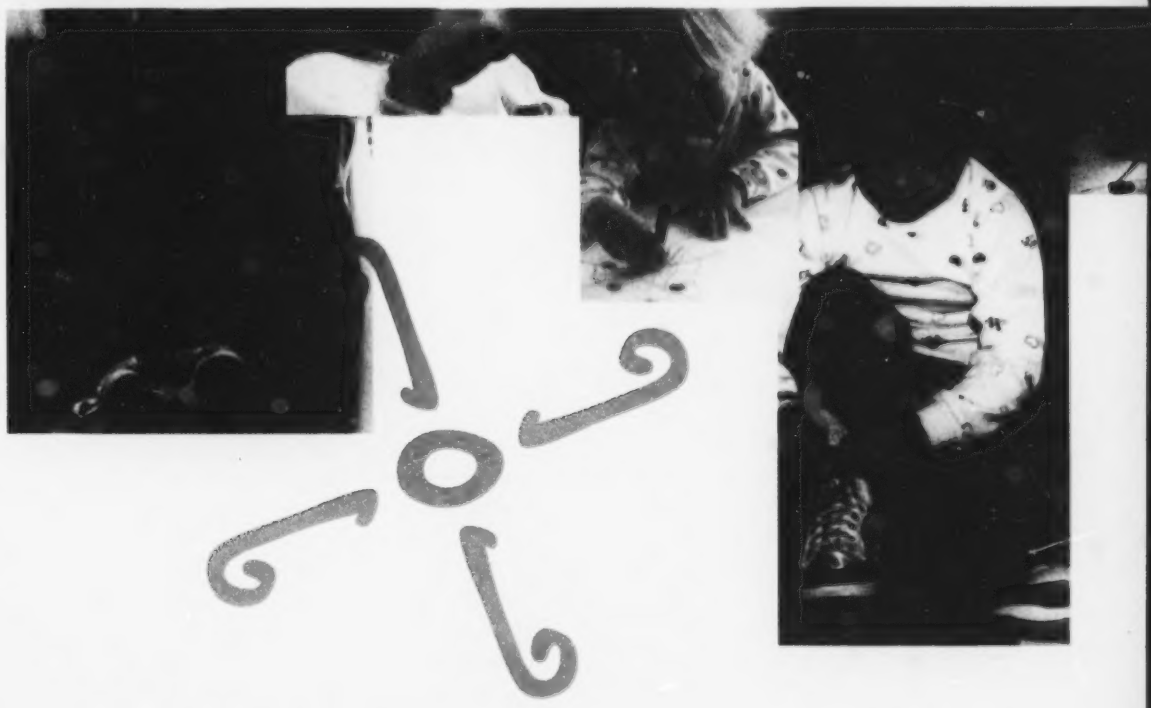
To help children progress to a more mature level of thinking, the good preschool teacher respects and values the special logic of preschool youngsters, which has a charm and directness all its own. For example, my four-year-old son Bobby told me that he was glad we took the station wagon on a recent trip to the toy store because, "when you go by water it is better to go by boat and when you go by air it is better to go by plane."

Young children so frequently express a wonderfully original, sensible, and appealing kind of logic and language. A four-year-old getting ready for his bath explains, "Look, I'm barefoot all over!" A three-year-old, after being tucked into his bed, warns his father, "Don't put out the light. I can't see how to sleep." Or consider the boy whose mother says, "You mustn't pick fights," and who replies, "Oh, Mommy, what can I do when the fight just crawls out of me?"

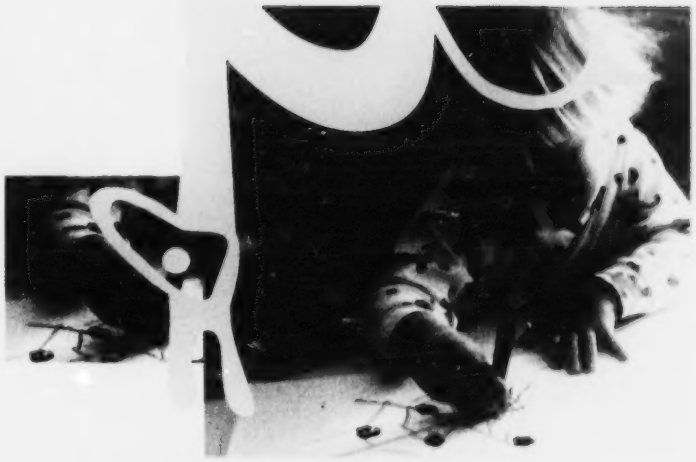
It would be very sad—a loss to us and to our children—if preschool tried to discourage this type of linguistic inventiveness. The growth preschool values and encourages the child's original expressions but at the same time helps to familiarize him with accepted "right" language and concepts he will be using in elementary school. In describing the growth preschool I have repeatedly referred to the teacher. This is inevitable because the quality, of preschool education, perhaps more than any other, depends upon the skill and knowledge of the teacher.

Good preschool teachers come in all sizes and ages and from many backgrounds. What they have in common is a genuine affection for their children and an



intuitive understanding of how preschool youngsters think and feel. The skillful teacher acts more like a stage manager than a director—she sets the stage for the action but does not direct it. This doesn't mean that she is passive or doesn't have the group under control. The good teacher sets limits and enforces them with kindness and firmness. She knows that the best way to calm angry or excited children is to remain calm herself and to express verbally the feelings being experienced by the children. For example, she might prevent a fight by explaining, "David, you're angry at Eric because he took your truck and I know you feel like hitting him with that block, but you can tell him how you feel without hitting him."

Children between the ages of three and five are different in many important ways from school aged youngsters, and they need a different kind of school. They are not yet accustomed to thinking abstractly, their language is highly imaginative, their emotions unstable, and their physical coordination still poor. They have to learn physically, socially, and emotionally as well as intellectually, and the stimulation they're provided should nourish all the aspects of their personalities. Such overall nourishment for general personality growth is just what the traditional growth preschool provides, and that is why I believe it is the best kind of available preschool for young children.



The skillful teacher acts more like a stage manager than a director

It seems to me that parents who wish their preschoolers to be taught in the same way elementary school students are taught have been misled. It's true that in an academic preschool some children will learn to read earlier than they would have if they had attended a growth preschool. But all the evidence indicates that children who have been taught to read early (as opposed to those who learned on their own) are no further ahead at nine or ten than children who learned to read later.

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I realized then that our story time was precious to Paul and he feared that if he learned to read himself, there would be no more story times.

More important, however, is the fact that our children may pay too steep a price for attending an academic preschool. The magic and charm of early childhood may give way to too much concern about right and wrong, too much anxiety about grades. In addition, there may be other losses suffered in attaining academic skills at an early age. When my oldest son Paul was five, for example, I asked him if he wanted me to teach him how to read. Without hesitation he replied, "No." A few minutes later he asked me to read him a story. I realized then that our story time was precious to Paul and he feared that if he learned to read himself, there would be no more story times. Just because we can teach children to read at an early age is not necessarily a good reason for doing so.

Accordingly, when the attorney asked me to recommend a school where his daughter could "learn something," I suggested some traditional nursery schools where both learning and growing are encouraged. I tried telling this father to enjoy his daughter and not rush her into growing up. In a growth preschool, which is dedicated to continuity with the past and preparation for the future, children learn to enjoy the present to the fullest. And that's the most important lesson any preschool can teach.

mental, emotional and physical effects of laughter

Kaye Olson, R.N., M.A.

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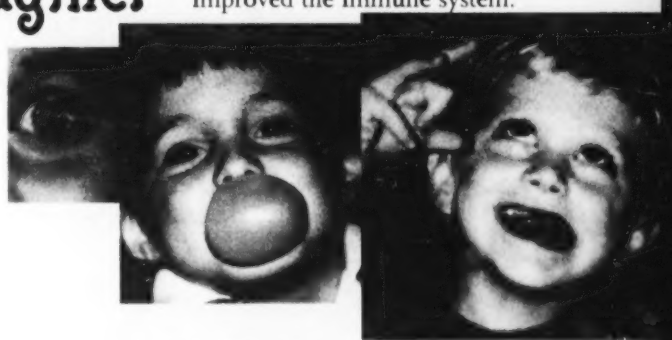
This article on laughter is in response to the following advice given by 1996 MCCN Conference Keynoter, John Bernardo. "You absolutely must have a sense of humor to be a parent." Bernardo also advised parents to work at incorporating humor into their lives. We hope this article helps.

Kaye Olson is a statewide professional presenter and author specializing in stress control and workplace peak performance. She is the author of *Energy Secrets for Tired Mothers on the Run* and resides in Dewitt, Michigan.

With children in our homes and/or classrooms, we all have ample opportunities to laugh. Children often say "the darndest things" or find themselves in amusing situations. We need to remember these humorous moments and enjoy the opportunity to laugh. For centuries humor has been used to boost moods and help healing. In the thirteenth century it helped to speed healing after minor surgery. Hundreds of years later it was used to treat melancholy.

Serious research has been conducted on humor for the past thirty years. Laughter was found to provide a healthy workout to the face, chest and abdomen. Robust laughter gives the internal organs a vigorous workout. Organs were literally massaged during laughter. Belly laughter was dubbed "internal jogging." Other studies found that laughter decreased pain and improved the immune system.



Laugh therapy

Today humor is used increasingly in health facilities including hospitals and nursing homes. Humor is viewed as therapeutic along with medical intervention. Laughter works preventively; it provides health maintenance. A laugh a day may keep the doctor away.

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Laughter is life-giving and boosts your energy reserves. When you laugh, especially a deep belly laugh, you exercise your lungs.

Laughter forces stagnant air out of your lungs. It increases your oxygen intake. This is very important for busy parents, for whom more oxygen means more energy. The oxygen travels via the bloodstream to your brain and muscles. You are mentally and physically energized, improving your overall function.

Laughter also energizes you by relieving stress and tension. Laughter slows the release of stress chemicals. Through a hearty laugh, mental, emotional and physical stress is released. Since laughter is a workout, it dissipates your stress chemicals.

Laughing forces your tense muscles to relax through a series of muscular contractions and releases. You cannot laugh and stay tense—it's impossible.

Laughter changes your brain chemistry, impacting your mental, emotional and physical health. Laughing provides a quick mental diversion—a respite from worry and gloomy thoughts. It intercepts your seriousness...it clarifies your thinking. Laughter offers stress resiliency, making you better able to face life's adversities. It may even prolong your life.

Emotional benefits

Emotionally, laughter counteracts fear, anger and depression. It puts life into perspective, thus alleviating fears. It diffuses pent-up anger and rage and lifts you up when you are down. It prevents hardening of the attitudes.

Brain chemicals are triggered by laughter. The endorphins make you feel good. They put you in a state of euphoria...a sense of well-being. The catecholamines may help reduce inflammation from arthritis and relieve pain. Think of the power and energy you could have for just a few laughs a day. Do you laugh at least ten times a day? Are four of those laughs deep, belly laughs? When is the last time you laughed, really laughed? What made you laugh?

You can rejuvenate yourself. You are creative and ingenious. Reach out for the simple things in life...a little fun, a little play, lighter talk and humorous sharing topped with a few laughs.

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Getting up when you're down 4 secrets

1. Get in touch with the humor around you.

Humor surrounds you everywhere. You may miss it all because you are too busy—too busy to even capture playful moments with your family. You may be caught in the fast lane that traps so many of today's parents. No wonder you are tired.

Pause for a moment. Watch toddlers; they're great teachers in the joy of living. Focus on how they respond to their environment. Study the ways they catch and enjoy the moment, smiling at the simple things in life: chasing a butterfly, following a caterpillar or toddling after a rolling ball.

How long has it been since you sat and enjoyed nature, smelled flowers or shared a hilarious situation with your family? Is it overdue?

Jean was driving her children home from the store and had to put on her glasses to drive. Four-year-old Allison asked why Jean had to put on her glasses. Jean explained that the glasses helped her read all of the street signs to get back home.
Allison replied,
"If I buy some glasses, could I read all of the street signs too?"

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Hilde was holding a three-year-old on her lap when he intently looked at her face. The little boy then asked,
"Hilde, why is your face cracking?"
Hilde is only 48, so needless to say those words did not make her day.

2. Live in the present.

Make a commitment to pause periodically throughout the day and enjoy the moment. Determine to get more lightness in your life. Try simple changes.

You might try to smile more frequently. Even if you are down or in a lousy mood, force a smile. The muscles used in a broad smile can increase blood flow to your brain, making you feel better. Smiling changes moods. Greet family members in the morning with a big smile. Smiles are contagious...one size fits all. Perhaps your smile will rub off, and everyone will be in a better mood.

Share a little humor. Use humorous stationery or postcards for correspondence. If friends are ill, give them a humorous book instead of flowers. You might make your own funny greeting card, buy joke gifts or wrap up household items for celebrations. Wear humorous T-shirts or sweatshirts.

3. Enjoy humorous activities.

Watch a light program or attend a comedy club. Attend a performance of a humorous play. Read contemporary greeting cards at stores or browse through rows of humorous books in bookstores. Subscribe to humorous magazines. Rent videos of funny films.

Be on the lookout for cartoons in professional journals or family magazines. Create a "funny" file of miscellaneous items that evoke humor and laughter, and reread the collection if you are down.

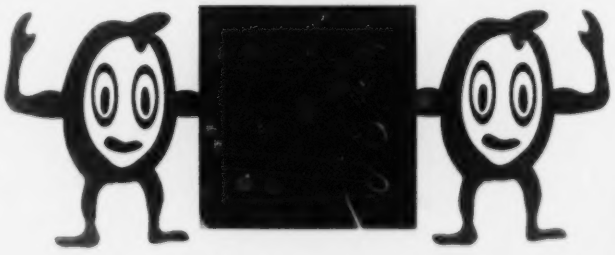
4. Pull on your support system.

Surround yourself with fun people. Evaluate the relationships in your life, and determine if some are blocking your humor and laughter.

If you are down, touch base with a good friend who appreciates humor. Go out and share light conversation. Talk about positive happenings or happy memories.

It's easy to get down in today's world, so don't let yourself. Limit the pity parties to fifteen minutes. Be on the alert to catch yourself heading toward a bad mood and take action. There are many ways to rise above the downs of today.

Richie, saw the spot where two cats had been fighting. When he noticed that several tufts of fur had been left behind, Richie announced, "Look, cat feathers!"



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These humorous stories were taken from several issues of *Potpourri*, published by the Association for Child Development

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lions, tigers, and bears, oh my!

Lynn Simons, Psy. D.

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Dr. Lynn Simons is the Director of Behavioral Associates of Mid-Michigan, a group psychotherapy practice. She resides in Mount Pleasant, Michigan with her husband and four children.

Although adults wish they could lead children to a yellow brick road that would prevent them from encountering or even imagining wild animals and scary monsters, childhood fears are a natural part of a child's emotional growth and development. Fear is a natural inborn reaction to danger and is very adaptive. For example, children respond with fear when we yell "hot" loudly and suddenly. As parents, we are appreciative when fear works so quickly and effectively to keep our children safe.

Many other times, fears and worries seem to be emotions that people work hard to avoid. Children are born with temperaments and tend to keep their styles of reacting throughout their lives. Children with anxious temperaments tend to dislike change, value predictability and react fearfully to new situations. These children seem to consistently demonstrate these traits in most situations. It can be frustrating for a parent of a fearful child to see other children respond warmly and enthusiastically to change and to watch their own child cling to their legs. Most children tend to have similar fears at similar ages.

Fear can be either very generalized or quite specific. Some children are afraid of all dogs, while another child may just fear the large dog that lives on the corner. Some children fear all unusual weather conditions and begin to worry as the sun slips behind a cloud that a thunderstorm is imminent. Often children have aversive experiences with something that typically precipitates the fear. The big furry dog may not have hurt the child in the adult's eyes, but was

enough of a scary event the first time the dog bounded over, that the child remains afraid of the animal subsequently. Unfortunately, each time a child reacts with fear, and feels the fear, he continues to teach himself to be afraid of the same furry dog. The child's brain pairs the image of a large, furry dog with his experience of fear.

Cognitive differences in children

Children's fears can seem irrational to adults. Children do not think like adults. Children are unable to predict what will happen next and cannot read signals and social cues well. So, a child can't tell which physician visits will have shots and which ones are safe. Sometimes their lack of ability to predict means that children cannot tell when a situation is safe, so they will worry all the time!

Children are also concrete thinkers and take our words to mean exactly what we don't mean! When a child hears that the dog was put to sleep, when it's her time to go to sleep, she may wonder if she will disappear also. If the neighbor died because he was old, then the child will wonder how old mommy and daddy are. We also tell children, "Never talk to strangers," but they see adults do this all the time. Sometimes we make our rules so concrete, that children cannot think reasonably about the exceptions. It's appropriate to talk to strangers when you are hopelessly lost, but how do you determine which strangers are helpful? As children mature and learn to make these fine distinctions, they will have less fears and at times, a sense of invincibility.

Children also worry about losing emotional control of themselves and see strong fears or crying spells as aversive. They find it easy to get upset and much harder to lay those feelings to rest. We have all seen the child sobbing, while trying to reassure herself and others by saying, "I'm all right." When children start to know themselves better, they will balk at events because, "I'm afraid I'll get afraid if I go." Some kids become afraid of becoming afraid.

Sometimes it's in a child's best interest to face the fear, such as preschool separations and bedtime fears.

Facing the fears

Although it is common to try to quiet children or distract them from their worries, children do better when we acknowledge their fears and let them know we can accept their feelings. As parents and teachers we can so easily say things like "Stop that", "That's silly", "You don't need to worry about that." It may be silly for us to worry about monsters, but imagine an adult equivalent of perhaps snakes slithering around your neck. Letting children have their fears means saying, "Let me hold you until you feel better", "Can I read to you until it's not so scary"? "Tell me about being afraid of monsters."

Parents and teachers may not always be able to act as if the fears are all right, especially when other life circumstances exist. It's important to make the distinction between passive tolerance of the fears and emotions and active resolution of a child's fears. You may hear how she worries, but you are still unlikely to take those fears away for her. Be prepared to feel just as helpless about making her life worry free as she feels at times. Listening to the fears means just that—listening.

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Children often see adults as invincible and able to handle everything. They can be very surprised, and relieved to find that everyone has fears and must cope with them. Parents and teachers can role model fears and how to cope with those fears. For example, talking about how a loud noise made you jump and how long it took your heart to stop racing can help a child understand how his own physiology responds to fear. Perhaps a father could share that he used to be afraid of thunderstorms, and how he learned not to be afraid. From this a child can learn that these fears, that feel so potent, can fade and go away.

We sometimes forget to tell children what they can do while we are so busy telling them what they cannot do. "You can walk here, but not on this ledge." "You can climb this tree, but not the garage roof." This process of defining what works and what is acceptable gives a child the chance to solve his own problem, and to find some alternative ways to express that energy or meet his own needs.

As parents, we need to help keep the vision of our world safe for our children until they have the cognitive skills to deal with this information

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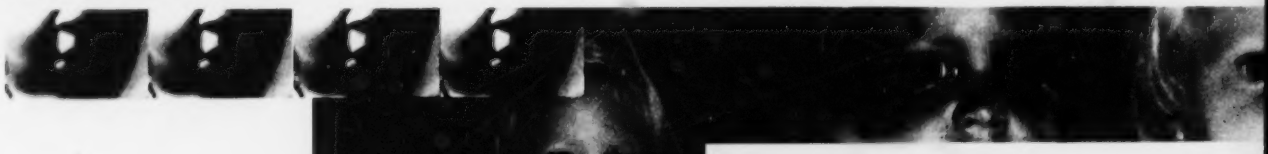

Help for a fearful child

When we ask children what they need to help them deal with their fears, we find they usually have some very good ideas. One child felt that her father's shoes would keep moths from her room. Easy enough to do! Other requests may be simple and easily accomplished, such as staying in the room with the child, walking out to the garage to help put the bike away, or looking under the bed for the monster. This help can be gradually reduced. For example, maybe in the beginning you go to the basement each time the child asks, because he's afraid of monsters down there. After several weeks, you sit on the steps and talk to your child about day to day events while he goes into the basement. A next

step might be to stand at the top of the stairs and call to your child while he is in the basement. Eventually, your child will be able to use his own resources to tolerate his fears while in the basement. To work well, the support has to be offered with affection, rather than frustration, at having to help a child with this task. Forcing a youngster to face fears typically entrenches this fear, rather than helping the child move past it. This is because we typically don't know how intense the internal fear response is and cannot judge how the child's thinking changes as the fear becomes intense.

Fostering assertive responses to fear in children can help give a child adaptive, and sometimes silly ways to overcome fears. Talk about the fears when the child is not in the middle of a fearful state and listen to what the child thinks and feels. Make up stories with successful endings, or read books about kids that tackle and resolve fears. One family took on monsters and humanized them for their daughter. They asked her to invite the monster to dinner, and suggested she have the monster ask his mom if it would be all right. Everybody in the monster family got a name and each had endearing characteristics. This is similar to children using imaginary friends to take the blame for their misbehavior.

Sometimes humor is a wonderful way to help a child with fears, but it must be paced to your child so they are laughed with, not laughed at. One seven-year-old found himself afraid that lions from Africa were going to come to his house, specifically, and eat him. His parents traced the path from Africa to their house, imagining the lion taking a boat, a plane, a train, and a taxi to his door, then asking politely as he knocked on the door if the parents would mind very much if he eats their son for a snack. While the child laughed hysterically, his parents debated which sauces in the refrigerator might best compliment the lion's palate as he munched on the boy, and whether a lion would find his stinky sneakers tasty or not.

Don't share the fear

Sometimes the adult, unintentionally teaches the child how to be afraid. If a parent's fears spill over into the child's life, then the child is likely to adopt this fear. For example, a parent afraid of heights may tell a child to be careful and how easily she could fall and soon that child, too, is afraid of heights. For some adults, it can be very hard to acknowledge their own fears, so the child can be pulled into being the excuse for adult fears. "No, I'll just wait here with Susie, because remember Susie doesn't like heights." If a parent has not yet learned how to deal with his own fears, he can model that same fear to the child. One child whose father feared bees, and whose mother was the official household bee killer, was stunned when her male school teacher killed a bee in the classroom. She had trouble believing that a male could be fearless of a bee!

Finding a way through the fears

Some fears are predictable and natural, such as stranger anxiety, preschool jitters and fear of monsters at night. Other fears seem to come from what children see in our world today. Watch what your child watches on television and videos. What do our children think when a mother, or sometimes a father, are killed in our most popular movies. Bambi can make children wonder if their own mother could die and helps them feel the terror of losing their mother. Children who watch real life crime and rescue shows or movies depicting graphic violence and supernatural or alien encounters will often experience intense anxiety. They may watch fearlessly but crawl into bed at night and not be able to put the vision or thought out of their minds. As parents, we need to help keep the vision of our world safe for our children until they have the cognitive skills to deal with this information. Sudden increases in fears are sometimes related to seeing something on television or videos that was disturbing. And sometimes, unexpected changes in fearfulness are related to an older sibling sharing scary stories or ideas with a younger sibling.

Talk about the fears when the child is not in the middle of a fearful state and listen to what the child thinks and feels.

How do you know when a fear is a fear and when fearfulness is more a manipulation? It's a common question for teachers and parents alike. Most children enjoy being able to impact their parents, and tears is one of the better ways to do so. Sometimes it's in a child's best interest to face the fear, such as preschool separations and bedtime fears. Children eventually have to learn to leave their parents for school and have to find a way to soothe themselves and sleep at night.

If you have already decided your child is ready for preschool and the teacher agrees, stay firm about going to class each time, and about the child remaining in class. Take the child, letting her know that she'll be going, you will be leaving and when you will be returning. Let her tell you how she feels about staying, and let her know that you hear her feelings. Patiently and firmly guide the child into the room, and help her find an activity or the teacher. Say goodbye without much fuss; give a hug and leave. If you must, for your own fears, hide outside the room, you will likely hear the child's fussing gradually (or suddenly) cease. Ask the teacher for help in how to leave and how the child tolerates the separation after you are gone. It is important for the child to be able to have social time with peers, learn how to be away from a parent, and to be able to be proud of facing a challenge such as being in school alone.

Bedtime also becomes one of those times that a child needs to take some increased responsibility for finding a way through his or her fears. Parents absolutely need time to themselves to nurture the marriage or to fulfill their own adult needs.

Families do best when the children can move into a bedtime routine where they go to bed and stay in bed. Now obviously, this is an ideal, but surely an ideal worth shooting for. Establish a consistent bedtime routine that involves a predictable pattern: snack, bath, pajamas and bedtime stories, for example. Spend some quality time with the child either reading or talking before bed, and try to spend extra quality time during the day with the child if nighttime is a trouble spot. It's a way to reassure yourself that you have given amply to your child and can set reasonable and firm bedtime limits. Settle your child in bed and then send her back to bed each time she pops back out.

Other common manipulations are when a child feels unable to do something because of fears, such as doing chores, going to the bathroom, putting a toy away or getting something in their room. Without giving in on the main command, parents can help children accomplish the task and feel successful by offering small amounts of companionship or help. Walking out to the garage at night to put a bike away can be an opportunity to talk about the stars, the night air or how great the day was.

Even though the wizard can't grant our children a fear-free childhood, concerned adults can offer comfort, a listening ear and companionship. We can be confident that childhood fears, while distressing, are normal. Children who are able to pass through nighttime fears, monster worries and incapacitating fears of the dark are able to mature through emotional growth and benefit. Children can soothe themselves at times; work at putting fears out of their heads and avoid those things that frighten them. The joy in a child's voice who exclaims, "I'm not afraid to do that anymore," is proof of how satisfying mastery is to that child.

Normal Fears for Normal Kids

newborns	loud noises, falling
6-9 months	strangers
1-2 years	bathtubs, water, washing hair
	loud noises, vacuum cleaners
	heights, parental anger
3-4 years	bathtub drains and toilets
	monsters, dark and nighttime
	strangers, physicians, shots, pain
5-6 years	reality fears such as strangers, harm, pain
	carryover of old fears such as monsters and imaginary creatures
	specific phobic fears such as snakes, bugs, rodents, dogs
7-8 years	social fears about what peers will think
	strangers
	teachers and adults
	fears are more similar to grown up fears

saying "I love you"

Jane Bluestein, Ph.D.

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"I love you." Can any words possibly sound sweeter or offer greater comfort? Is any statement more natural, or necessary, between a parent and child? In many families, these words come easily. However, if you grew up never hearing them, saying "I love you" may feel somewhat unnatural to you. If, in some cases, members of your family used loving statements to control or manipulate, you may be very uncomfortable using them with your own children. Many families either don't communicate loving feelings very often or they communicate them in destructive ways. A counselor friend once told me she was appalled to discover that some of her clients had never heard the words, "I love you" from their parents. "I couldn't imagine parents who couldn't say 'I love you' to their children, probably because I grew up hearing it all the time. But in the middle of my shock and self-righteousness, I realized that in my family, that statement was always loaded with expectations for me to do something. Most of the time when my parents said 'I love you' they would stand there and wait for us to say 'I love you, too.' So that statement always came off as a solicitation, rather than an expression of how they really felt about us." If either of these extremes describe your upbringing, chances are, you aren't using loving statements as often—or as "cleanly"—as you might. A few simple guidelines can help.

Let's hear it! We all need to hear loving statements from people we care about. It may be easy to assume that your kids know you love them. After all, you do love them, and you probably do a lot of loving things for them. That's important. However, feeling love for someone is not the same as expressing it. Nor is doing loving things. Loving feelings and loving behaviors are not loving words—and those are important, too. If you find it hard to get the words out of your mouth, either from lack of familiarity or fear of rejection, start slowly. A parent in one of my workshops confessed to practicing on the dog for a few days before she could get up the nerve to try it out on her

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Feeling love for someone is not the same as expressing it

kids! Another started by writing love notes to her children, sneaking them into their lunch bags or under their pillows. Both reported such a strong, positive response from their children, that saying "I love you" came much more easily after that.

Let's hear it some more. None of this, "I-told-you-I-love-you-in-1985." This isn't the same as going to the dentist twice a year. So maybe it's still not easy to say, even with the practice and little successes. Hearing "I love you" may even give your kids the creeps (this is more age specific than anything else and less likely to happen if you don't say it in front of his entire fifth grade class). Say it anyhow. As a gift to yourself, communicate your love daily.

Keep it simple! "I love you" is a complete sentence. Resist the inclination to tie your feelings for a person to the person's behavior. In fact, whenever we connect it to something the other person has done, I love you becomes a statement of conditional caring.
"I love you when you make your bed," or "I love you when you make the honor roll," suggest that you love your child because of his behavior or accomplishment. It also suggests that the love wouldn't be there, or be quite the same, if the child hadn't made the bed or the grades. (Don't you love your child in either case?) You can still be excited and happy about the behavior, but avoid communicating that your loving feelings exist because your child is doing what pleases you. "I love you." Period.

No "buts" about it! By the same token, watch the tendency to use "I love you" as a lead-in to a confrontation about something your child has done that you find disturbing. If you need to address the child's behavior or set a boundary, by all means do so. Deal with the behavior—not the worth of the child, or your feelings for the child.

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"I love you" is a complete sentence.

Say, "I love you" because you want to say I love you. Say it because you feel love toward the person you are talking to. Say it because it feels good to say it. I love you, is a powerful statement and many times it will evoke a loving response from the recipient. However, attaching an expectation for a response to the statement is a set-up, both for you and the other person. If the expectation is there, your child will know it. If he does respond, it will probably be to avoid guilt or conflict rather than genuine, spontaneous caring. Is that what you really want?

If your children haven't learned how to say "I love you" yet, it's okay to tell them that you need to hear those three little words sometimes, too. Then give them some space to risk, practice and learn. Their best lessons will come from your own unconditional modeling.

Turn the love inward. Next to unconditional love, the best gift you can give another person is the love you give yourself! In fact the ability to love, appreciate and care for yourself is essential to healthy, loving relationships with others.

If the child needs to clean her room or miss the movie because her chores were not done, deal with the situation, not your feelings. You don't need to say, "I love you but..." to soften the blow. Your feelings are not an issue here.

Whatever you say before the word "but" automatically becomes canceled out because of the way the brain processes the words we hear. In other words, if you say, "I love you, but your room is a mess," all the child hears is, your room is a mess. Using "but" in the same sentence as "I love you" is confusing and manipulative. As in the previous example, this type of statement suggests that the child is only lovable conditionally. Avoid tying the feelings you express to the way the child is acting, be it good or bad behavior.

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So, look in the mirror. Look into your eyes. Say "I love you." No "buts," no qualifiers, say it out loud. Say it often. Mean it. What better way to affirm how worthwhile and lovable you are, what better way to practice one of the most basic, most precious and important parenting skills there is.

When your children aren't very loving

Sometimes responsible parenting means saying "no" to your child's request for cookies and candy for dinner or a spin around the block alone on her tricycle. If your child is doing her job, you can count on her to occasionally resist your efforts at setting even reasonable limits. And sometimes that means she is going to fight dirty, especially if it's worked in the past. You just may hear the words, "I hate you, Mommy!"

Nothing will trigger anger, shame, shock and a sense of inadequacy faster than this statement. It's hard to hear someone you love tell you that she hates you and not take it rather personally. Children know this. They figure out, often at a very early age, that this is a short-cut to a lot of attention (negative attention though it may be) and often to getting their own way. How do you respond? It's actually pretty simple—at least on paper. First of all, resist the temptation to talk about how this statement "really hurts me and brings up all my abandonment and inadequacy issues." Sure, tell your therapist or your sponsor, but don't unload your emotions on your four-year-old. Please don't make your child responsible for your feelings. The burden can be overwhelming even for !healthy, well-adjusted adults with excellent personal boundaries!

Instead, acknowledge the feelings behind the statement: "You sound pretty angry," "You're upset about that" or even "I understand." Disengage, especially if you find yourself getting upset. Watch out for the temptation to hurt back. Saying, "I hate you too, sometimes!" may be exactly what you are feeling at the moment, but it won't help you, your child or your relationship for you to become a four-year-old who is acting out. If you need some support, encouragement, reassurance or understanding, call on your adult resources. Finally, leave the door open for further discussions with your child at a later, and

It's hard to hear someone you love tell you that she hates you and not take it rather personally.

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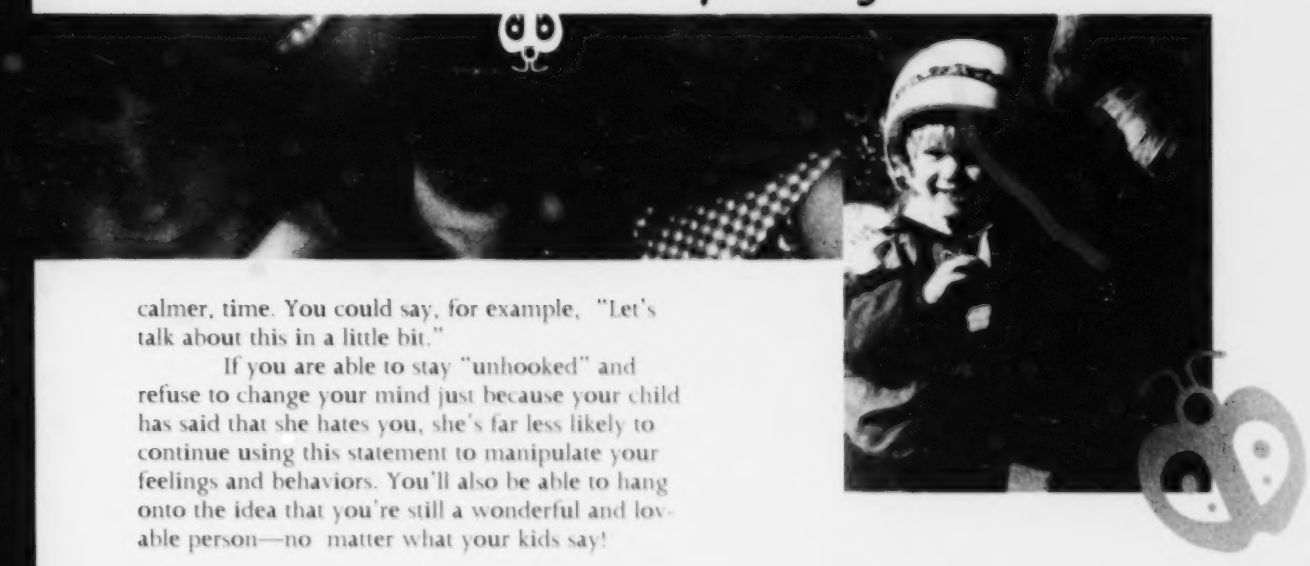

calmer, time. You could say, for example, "Let's talk about this in a little bit."

If you are able to stay "unhooked" and refuse to change your mind just because your child has said that she hates you, she's far less likely to continue using this statement to manipulate your feelings and behaviors. You'll also be able to hang onto the idea that you're still a wonderful and lovable person—no matter what your kids say!

surviving the cold season

Susan F. Engert, M.D., M.P.H.

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Colds are a common cause of illness during childhood. Although not serious by themselves, they may cause the complications of ear infections and sinus infections. This article will review the characteristics of the common cold and describe the changes that can occur that suggest these complications. Regular health checkups and the importance of well-child visits are also explained.

It is not unexpected for a healthy child to have six to eight colds in a year. A cold typically starts with a clear runny nose, and there may be a cough. The child with a cold may have a low-grade fever at the onset, and the fever usually resolves after two days. There may be some loss of appetite as well. Some children will need more sleep

than usual, but sleep may be interrupted by the cough. On the third or fourth day of the cold, the clear nasal drainage changes to yellow or green, suggesting that inflammatory cells from the body's immune system have arrived. In the uncomplicated cold, the drainage will again become clear, and the cold will steadily go away within ten days to two weeks. These colds are due to viruses and do not require treatment with an antibiotic. Instead, the goal is to keep the child comfortable while the cold resolves.

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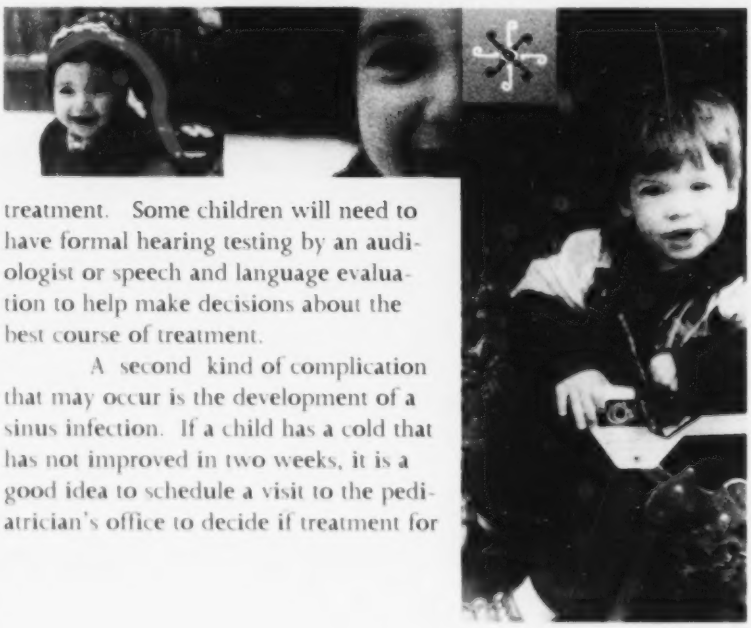
Acetaminophen for the initial fever, extra fluids to drink, and use of a cool mist vaporizer at night are the usual recommendations.

Not all colds follow this schedule, however. Some children develop ear infections when they get colds, and some develop sinus infections. Ear infections are the most common complication. Three quarters of children have one ear infection by the time they are three years old, and about one third of these children have multiple infections. Infants with a cold may exhibit signs that they have an ear infection when a cold gets steadily worse instead of better, or parents may notice their baby's loss of appetite, wakefulness during the night, or increased spitting. A fever may also develop. Toddlers and preschool-aged children may show loss of appetite and poor sleep and also be able to tell a parent that an ear hurts. School-aged children and teenagers may complain of pain or of feeling that an ear is plugged. Parents often report that they have noticed decreased hearing.

Once an ear infection has been diagnosed, an antibiotic is prescribed for ten days. There are many antibiotics to choose from, and the choice depends on several factors. Does the child have a known antibiotic allergy? Have any antibiotics been used recently? Is there another infection, such as an eye infection, that is also present? Other considerations in choosing an antibiotic include the number of doses required each day and previous problems with side effects like vomiting and diarrhea. Follow-up is important to make sure the infection has cleared up and that longer treatment is not needed.

If several courses of antibiotics do not cause the ear infection to resolve, the child's physician or nurse practitioner may recommend a referral to an ear, nose, and throat specialist to decide whether placement of tubes in the ear drum would help. This surgery is routinely done on an outpatient basis. A child with no complicating medical conditions can go home the same day. The tubes let fluid that develops with infections drain from the middle ear. Letting the fluid drain may decrease the frequency of repeated infections, and hearing that may have been affected returns to normal.

For children with ear infections, preserving normal hearing and language development are always the goals of treatment. Some children will need to have formal hearing testing by an audiologist or speech and language evaluation to help make decisions about the best course of treatment.



A second kind of complication that may occur is the development of a sinus infection. If a child has a cold that has not improved in two weeks, it is a good idea to schedule a visit to the pediatrician's office to decide if treatment for

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It is often reassuring for parents to know that six to eight colds a year are considered average for a healthy child.

a sinus infection is needed. The worsening cold shows persistence of the yellow-green nasal drainage and of the cough. The cough may be getting worse, especially at night, and vaporizers and cough medicines do not seem to help. Many children lose their appetites. Some develop fevers late in the course of the cold. Teenagers may also complain of face pain and headache. Treatment is with the same kinds of antibiotics that are used for ear infections, but longer treatment is often required, often up to three weeks. Follow-up appointments are recommended to help decide how long treatment is needed and to try to keep the sinus infection from becoming chronic.

Colds and their complications can mean discomfort for the child, lost sleep for children and parents, and missed days of school and work. Are there any things that can be done to prevent colds, ear infections, and sinus infections?

Keeping children away from cigarette smoke is known to decrease the frequency of colds and ear infections. Without smoke exposure, colds and ear infections also resolve more quickly. Breastfeeding infants for at least three months has been shown to decrease the number of ear infections for infants. Choice of a day care center or nursery school with a strict illness policy will decrease exposure to the viral illnesses that may cause colds and their complications. Frequent hand-washing at home and at school will also help prevent the spread of colds. Teaching young children to use a tissue independently and to dispose of it, followed by hand washing, will help too. In addition, keeping toys and equipment in sanitary condition should be a priority for schools and homes.

These measures may help decrease the number of infections, but in spite of best efforts every child will get colds. It is often reassuring for parents to know that six to eight colds a year are considered average for a healthy child. Although annoying, they are certainly an expected part of childhood. With knowledge of the potential complications, parents and their children's health care providers can act promptly to treat complications that may arise.

Even if your child isn't one of those children who is

being treated frequently for cold complications, health care providers recommend regular well-child check-ups. This recommendation is made because the well-child or health-maintenance exam provides a chance to review important issues that are not normally covered when a child sees a doctor for an illness like ear pain, a sore throat, coughing or vomiting. Instead of determining the cause of an illness and providing appropriate treatment, a well-child visit focuses on assessing growth and development, as well as behavioral concerns.

During a well-child visit, health care professionals usually spend more time with children and parents than they do when a visit occurs because of illness. A well-child session will include measurements of height and weight, test of vision and hearing, annual checks of blood pressure for children three or older, and for young children, assessments of progress in language development.

These visits also provide a chance to check for anemia and exposures to lead or tuberculosis. They also offer opportunities to discuss topics like diet, sleep, toilet training, tantrums, school and safety.

For children up to two, these visits are also tied closely to the schedule for childhood immunizations. Equally important for very young children are other procedures that take place during a well-child visit: monitoring normal growth and development and regular exams to confirm normal heart, lung, intestinal and nervous systems. These visits normally take place every two to three months.

For children from ages two to six, health care professionals recommend yearly health maintenance exams. School aged children should have regular checkups at least every two years. Young people with chronic medical conditions like asthma may need to make an annual visit to their health care provider.

Parents should be aware that even school age children and teenagers have immunization needs, and health-maintenance examinations are a good way to stay up-to-date. These immunizations include a second measles-mumps-rubella (MMR) vaccine, a tetanus booster and the hepatitis vaccine series. Vaccination against chicken pox is now also available and some young children may need to have a flu vaccine each fall.

Whether your child is being seen by your health care professional because of illness or for health maintenance remember that both types of visits are important to the overall long-term health of your child.

The most important thing you can do to prevent the spread of illness is to wash your hands and the children's hands thoroughly and often.

This is how you should wash your hands:

- Rub your hands together vigorously for at least 20 seconds using warm running water and soap. Make sure you have lots of bubbles.
- Wash under fingernails, between fingers, back of hands and wrists.
- Rinse your hands well under running water.
- Dry your hands with a single-use paper towel or hot air blow dryer.
- If your towel dispenser has a handle, be sure to roll the paper down before you wash your hands. This helps to insure that you will not pick up new germs from the handle.
- For hand-held faucets, turn off water using a paper towel instead of bare hands so you will not pick up new germs on your clean hands.
- You may want to open the bathroom door with the same paper towel and then throw away.

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For children from ages two to six, health care professionals recommend yearly health maintenance exams.

These are times when you should wash your hands:

- After you use the bathroom or help a child use the bathroom
- After you change a diaper
- After you handle items soiled with body fluids or wastes such as blood, drool, urine, stool or discharge from nose or eyes
- After you clean up messes
- After you handle a sick child
- Before you prepare or serve food
- Before you eat or drink

These are times when you should wash your children's hands:

- When they arrive home from day care, a friend's home, another outing or school
- After they use the toilet or have their diapers changed
- After they have touched a child who may be sick or have handled soiled items
- Before they eat or drink

Adapted from a Minnesota day care manual
Taken from the Washtenaw County Department of Human Services/Public Health Division

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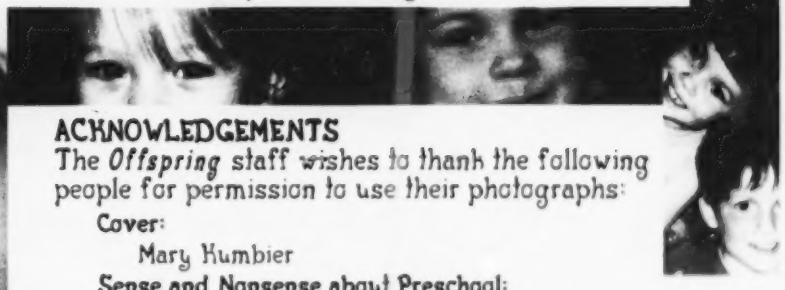

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